

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nelson K Boward</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>11</i>		Day <i>12</i>		Years <i>8</i>	
Date of death <i>1906</i>		Age <i>8</i>		Months <i>7</i>		Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Wm Boward</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Edith Garlock</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Wm Boward</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Urinary obstruction.*

How long

Immediate *Exhaustion from convulsions.*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

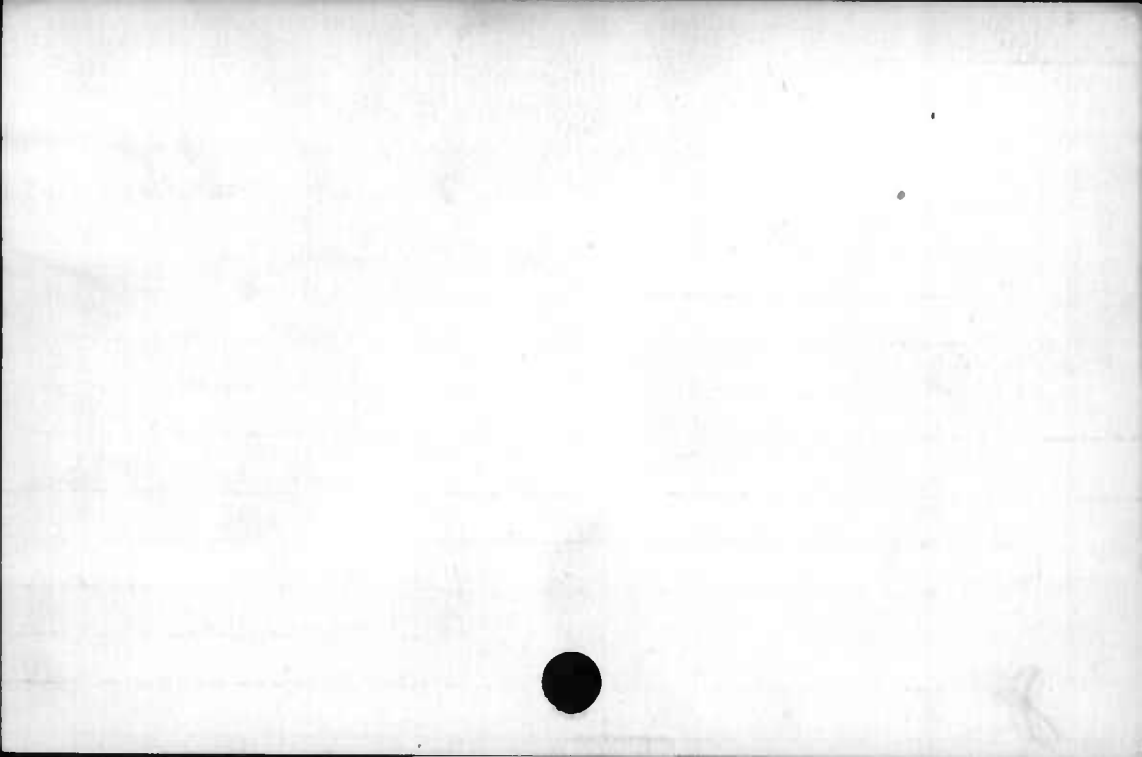
Signature of Physician

F. W. Hoffmeier

Address

*17 W. Washington St.
Maryland*

Accident or Suicide?



Name
in
Full

Henry Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND	
Date of death	1906	Month	11	Day	29
Sex		Male		Color or Race	White
Occupation		Retired Farmer		Birth-place	md
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Bowers		
Father's Name	John Bowers		Father's Birthplace	md	
Mother's Maiden Name	Dont know		Mother's Birthplace	D. K.	
Name of person giving information	Susan Bowers		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma	How long	2 yrs.
Immediate	Exhaustion	How long	6 weeks.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	C. R. Schell
Accident or Suicide?	No.	Address	Hagerstown

Half way

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town <i>Washington</i> County		MARYLAND				
Date of death <i>1906</i>	Month <i>11</i>	Day <i>9</i>	Age <i>63</i>	Years <i>2</i>	Months <i>18</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Emma Rides</i>					
Father's Name <i>Geo. W. Bowers</i>	Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Martha A. Bower</i>	Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Geo Bowers</i>	How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>Five Hours</i>
Immediate <i>Exhaustion Heart Weakness</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Victor E. H. H. H.</i>
	Address <i>Hag. Md</i>
Accident or Suicide? <i>no</i>	

Walsh

Received in Cash



Name

in
Full

CERTIFICATE OF DEATH

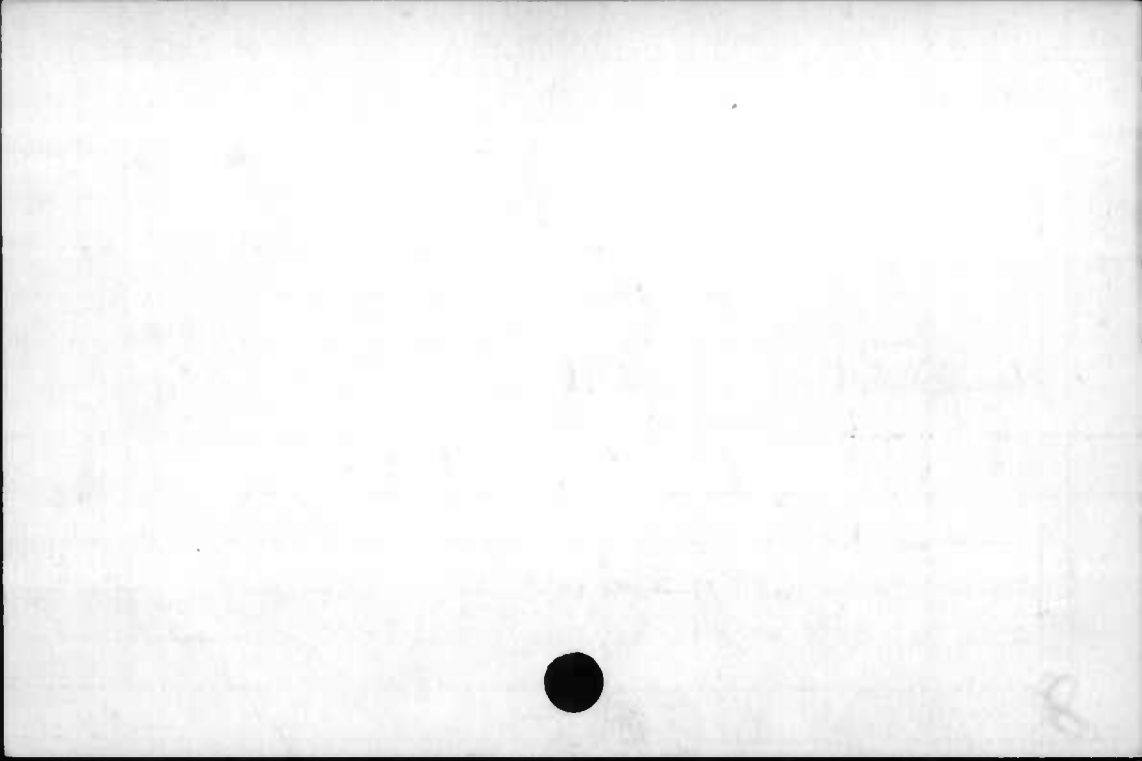
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Whitehall</i>		Town <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>7</i>	Age <i>19</i>	Years <i>7</i>	Months <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frankstown</i>		
Occupation <i>housekeeper</i>		Where Residing if not at place of death <i>Whitehall</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>David C. Bowman</i>	Father's Birthplace <i>Frankstown</i>				
Mother's Maiden Name <i>Susan M. Rowe</i>	Mother's Birthplace <i>Frederick Co</i>				
Name of person giving information <i>David C. Bowman</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lymphatic Fever</i>	How long <i>5 weeks</i>
Immediate <i>perforation</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Wingard</i>
	Address <i>Frankstown</i>
Accident or Suicide?	<i>Med</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J. B. Brooks</i>		Town <i>Belleville</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month 11	Day 15	Age	24	Years	Months —
Sex	Male		Color or Race	Negro		Birth-place	<i>Knorrville</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		<i>Knorrville</i>		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	<i>Louis Belt</i>				Father's Birthplace	<i>Knorrville</i>	
Mother's Maiden Name	<i>Sally Wood</i>				Mother's Birthplace	—	
Name of person giving information	<i>J. Brooks</i>				How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

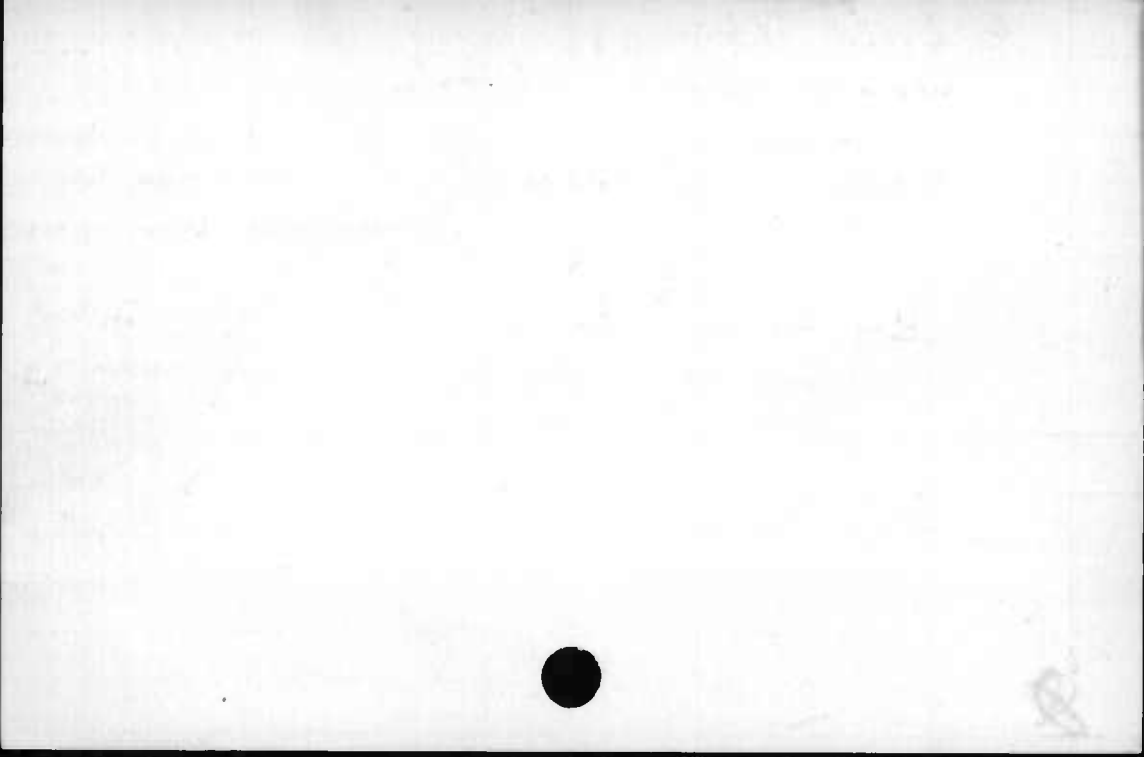
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Della Brown

CERTIFICATE OF DEATH

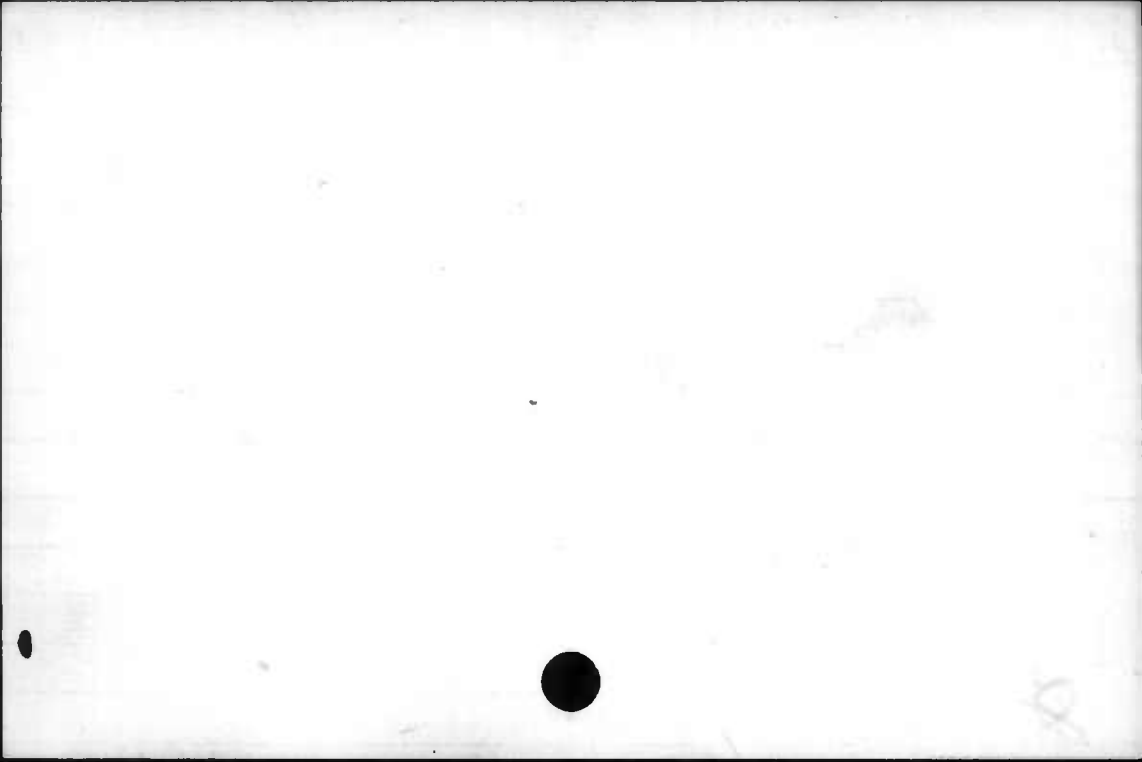
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Williamsport</i>		Town <i>Wash.</i>		County		MARYLAND	
Date of death 1906	Month <i>Nov.</i>	Day <i>14</i>	Age	Years <i>16</i>	Months <i>3</i>	Days <i>24</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Warrinton Ind.</i>					
Married, Single or Widowed <i>Single</i>	Occupation <i>Housekeeper</i>						
Name of Wife or Husband							
Father's Name <i>Geo. Thomas Brown</i>		Father's Birthplace <i>Warrinton Ind.</i>					
Mother's Maiden Name <i>Susan Ann Brown</i>		Mother's Birthplace <i>Harpers Ferry W.Va.</i>					
Name of person giving information <i>Susan A. Brown</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>Nine days</i>
Immediate <i>Heart failure</i>	How long <i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Richardson</i>
	Address <i>Williamsport Ind.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Carl Bussard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died	Near Sharpsburg		Washington		MARYLAND	
	Date of death	1906	Month Nov.	Day 13 th	Age 2	Months —	Days 7
	Sex	Male		Color or Race	White		Birth- place
	Occupation	—		Where Residing If not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Thomas Bussard				Father's Birthplace	Sharpsburg
	Mother's Maiden Name	Amanda Delaney				Mother's Birthplace	Sharpsburg
Name of person giving In formation	Thos. Bussard				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	All during life
	Immediate	Exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. Arnold Gardner
	Accident or Suicide?		—		Address		Sharpsburg Md

Mrs. J. Wade
Undertaker.

Name
in
Full

Nettie Butler

CERTIFICATE OF DEATH

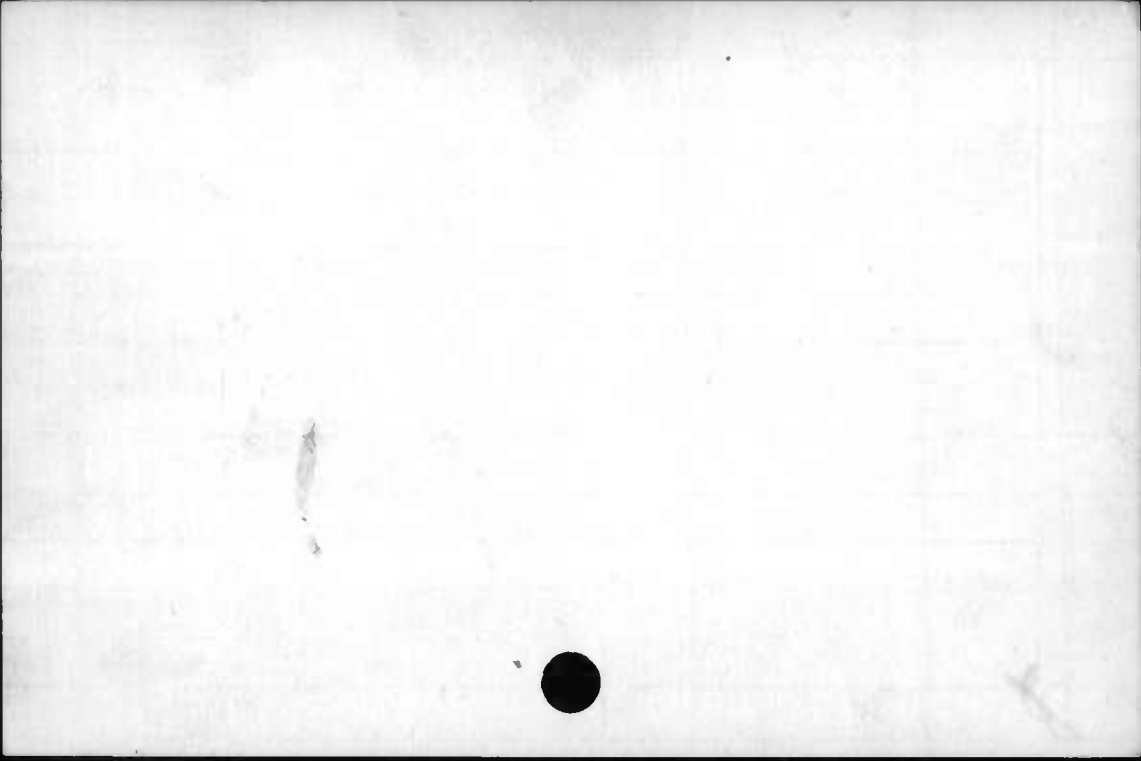
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month	11	Day	26
Age	5-8	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Ind
Occupation	House work	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	Lewis Robinson	Father's Birthplace			
Mother's Maiden Name	Jane Grimsman	Mother's Birthplace			
Name of person giving information	Richard Butler	How related to deceased			
Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mitral Insufficiency</i>	How long	<i>19 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>David C. Leatherman</i>
Yes		Address	<i>Hagerstown Ind</i>
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Child of Mr John Cobble Jr

Died at *Stear Heltys Church* ^{Town} *Harlan* ^{County}

MARYLAND

Date of death *1900* ^{Month} *11* ^{Day} *15* Age ^{Years} *—* ^{Months} *—* ^{Days} *1*

Sex *Male* Color or Race *White* Birth-place *Heltys Church*

Occupation *None* Where Residing if not at place of death *" "*

~~M~~arried, Single or ~~W~~idowed Name of Wife or Husband *None*

Father's Name *John D. Cobble Jr* Father's Birthplace *Smythburg Va*

Mother's Maiden Name *Lutie B. Beyle* Mother's Birthplace *Chewsville Md*

Name of person giving information *John D. Cobble Jr* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Blue Disease* **(150)** How long *about 12 hours*

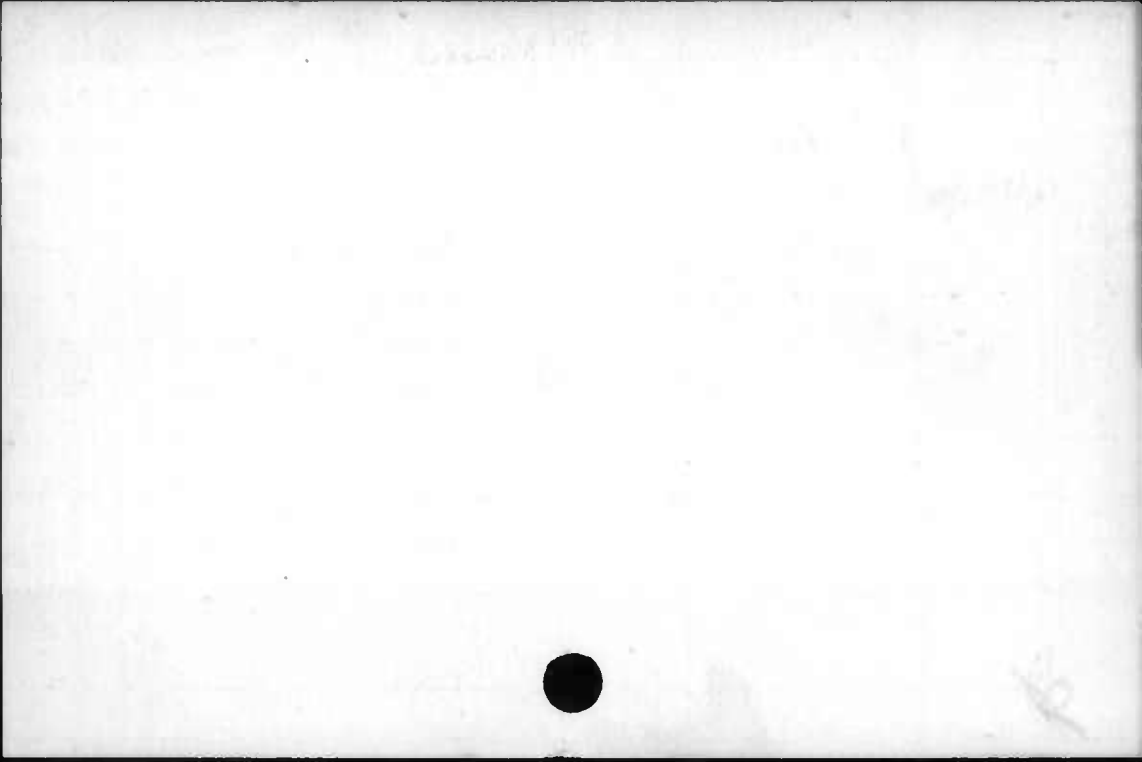
Immediate *Expunction* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *Yn*

Signature of Physician *E. E. Marchant*

Address *Haystack*

Accident or Suicide? *No*



Name
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Full

Glendora Calaman

CERTIFICATE OF DEATH

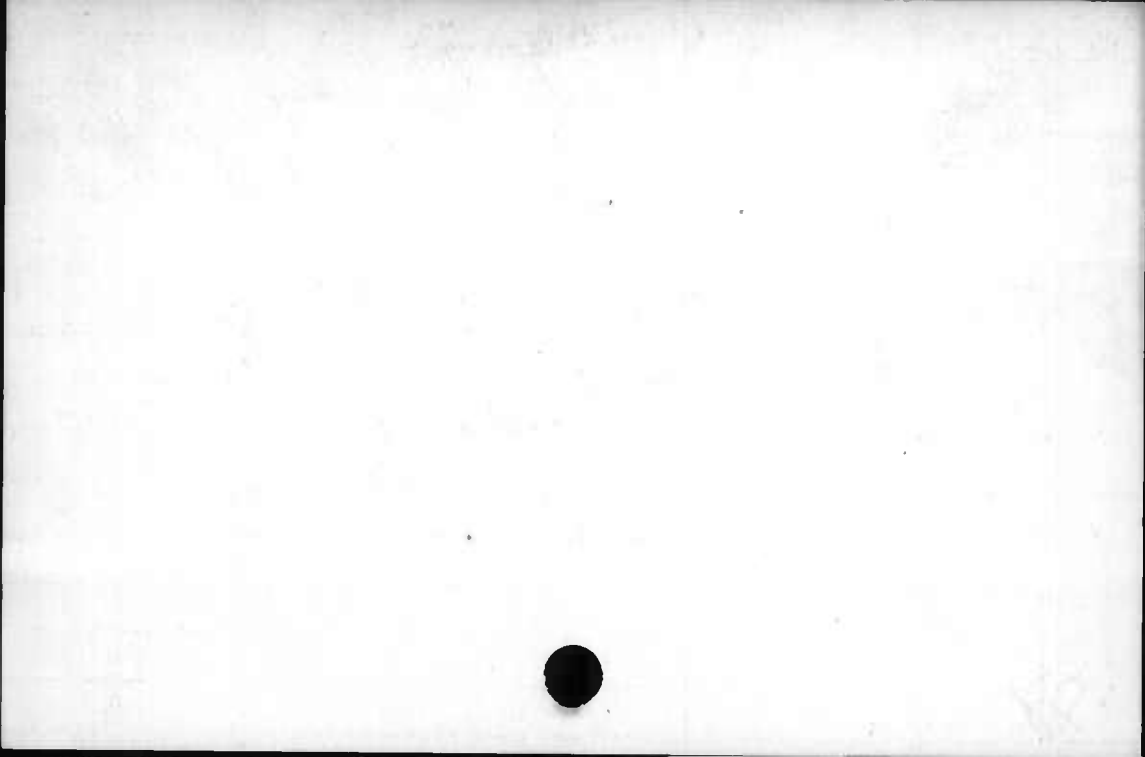
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eakins Mills</u> ^{Town}		<u>Wash</u> ^{County}		State <u>MARYLAND</u>	
Date of death <u>1906</u>	<u>11</u> ^{Month}	<u>1</u> ^{Day}	Age <u>2</u> ^{Years}	<u>4</u> ^{Months}	<u>16</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Eakins Mills</u>		
Occupation <u>None</u>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Thomas Calaman</u>			Father's Birthplace <u>Kearneysville</u>		
Mother's Maiden Name <u>Mary Blange</u>			Mother's Birthplace <u>Montez Co</u>		
Name of person giving information <u>Thomas Calaman</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Truncus Diatheris</u>	How long <u>2 years</u>
Immediate <u>Capillary Bruchitis</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. M. Nilsen</u>
	Address <u>Kearneysville Md</u>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
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Full

Frederick Cole

CERTIFICATE OF DEATH

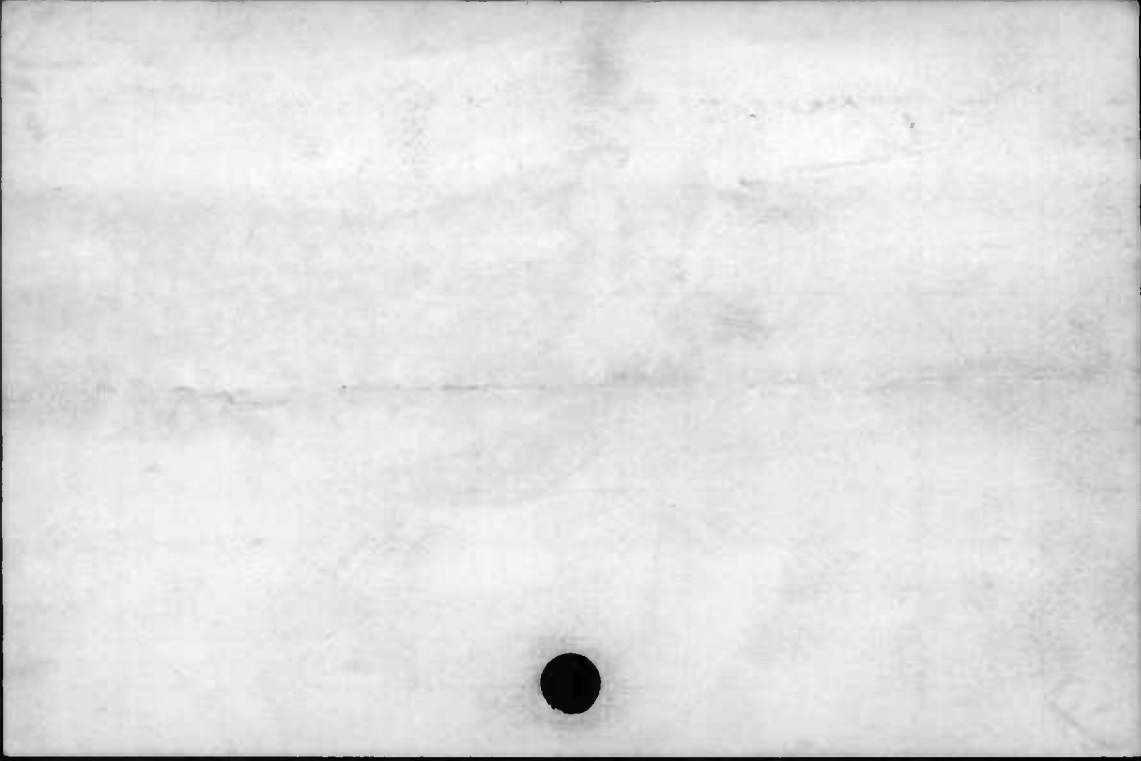
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sandy Hook</u>		Town <u>Washington</u>		County <u>Washington</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>9</u>	Years <u>52</u>	Months <u>8</u>	Days <u>20</u>		
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>				
Occupation <u>Rail Way Engineer</u>			Where Residing if not at place of death <u>Sandy Hook Md</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Julia Cole</u>						
Father's Name <u>Wm Cole</u>	Father's Birthplace <u>Europe Germany</u>						
Mother's Maiden Name <u>Mary E. Brown</u>	Mother's Birthplace <u>Europe "</u>						
Name of person giving information <u>Julia Cole</u>			How related to deceased <u>wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Carcinoma</u>	(45)	How long <u>one year</u>
Immediate <u>Asphyxia</u>		How long <u>one hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>B. R. Ranson M.D.</u>	Address <u>Harper's Ferry W. Va.</u>
Accident or Suicide? <u>neither</u>		



Name
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CERTIFICATE OF DEATH

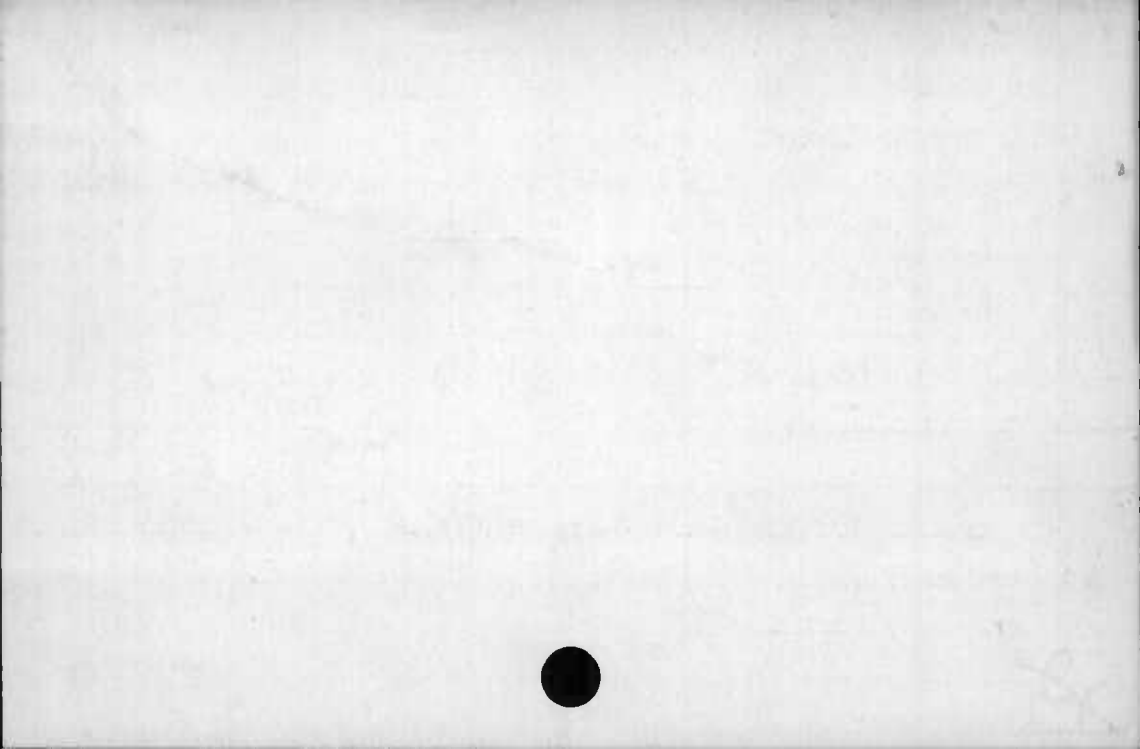
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Langston</i> Town <i>Coral</i> County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i> Month <i>Mar</i> Day <i>7</i>	Age <i>75</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>W. hite</i>	Birth-place <i>Warfordsburg Pa</i>	
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Warfordsburg Pa</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John S. Coral</i>		
Father's Name <i>Samuel Munn</i>	Father's Birthplace <i>Peoria</i>		
Mother's Maiden Name <i>Susan</i>	Mother's Birthplace <i>Franklin Co Pa</i>		
Name of person giving information <i>M. G. Rash</i>	How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>6 mo</i>
Immediate <i>Exhaustion</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. West</i>
	Address <i>Hammond Md</i>
Accident or Suicide? <i>No</i>	



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jessie Coggrove

Died at ^{Town} Blair Valley ^{County} Wash

MARYLAND

Date of death 1906 ^{Month} Oct ^{Day} 8 ^{Years} Age 76 ^{Months} ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Penn

Occupation Laborer ^{Where Residing if not at place of death}

Married, Single ~~& Widowed~~ ^{Name of Wife or Husband} Julia Davis

Father's Name James Coggrove ^{Father's Birthplace} Pa

Mother's Maiden Name Mary Coggrove ^{Mother's Birthplace} Pa

Name of person giving information ^{How related to deceased} Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Purulent Pleurisy and 94 ^{How long} 18 months

Infirmities of age ^{How long}

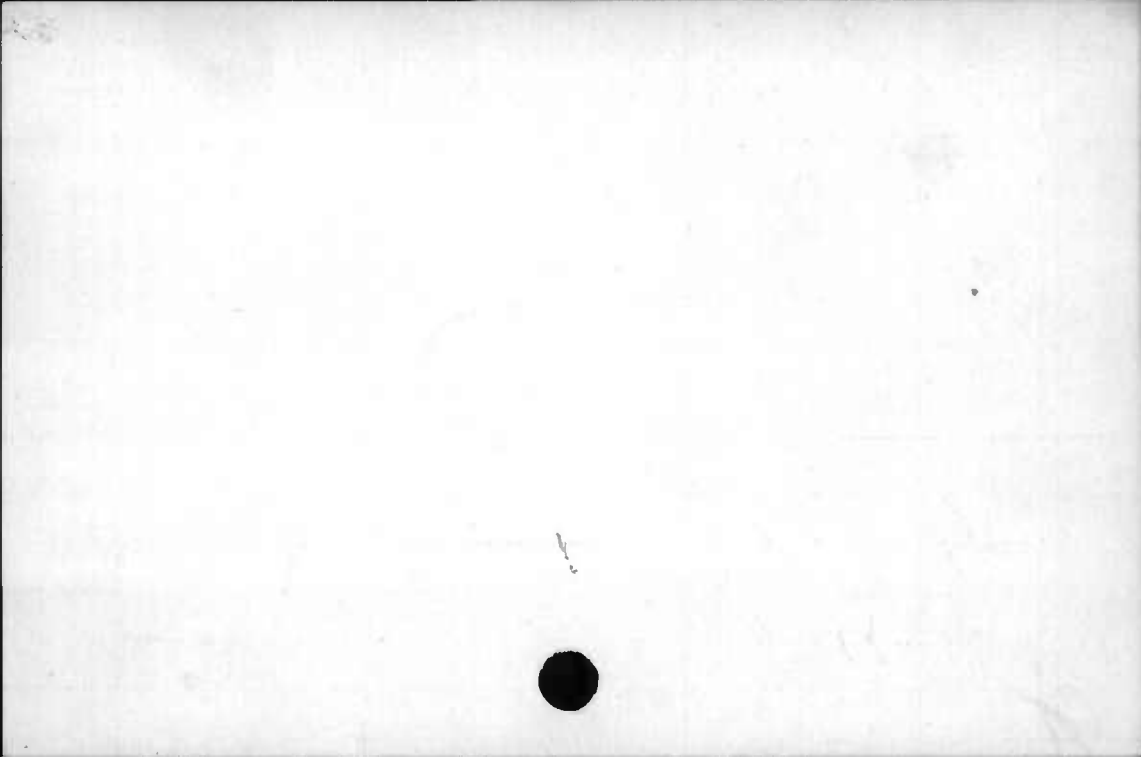
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. P. Perry

Address Clearspring Md.

Accident or Suicide?



Name
In Full

Samuel G. Croner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagers town</i>		^{County} <i>Wash.</i>		MARYLAND	
Date of death	190 ^{Month} <i>6</i>	^{Day} <i>11</i>	Age ^{Years} <i>56</i>	^{Months} <i>1</i>	^{Days} <i>28</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Penna</i>		
Occupation <i>Shoemaker</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>widower</i>	Name of Wife <i>Susan Croner</i>				
Father's Name <i>Not Known</i>			Father's Birthplace		
Mother's Maiden Name <i>"</i>			Mother's Birthplace		
Name of person giving information <i>Mrs Mangano</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate <i>Uraemia</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. N. Koffmeier</i>	
	Address <i>Hagerstown, Md.</i>	
Accident or Suicide?		



8

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Name *John, Henry Deeds.*

Died at *Clearspring* ^{Town} *Washington* ^{County}

Date of death *1904* ^{Month} *11* ^{Day} *9* ^{Years} *83* ^{Months} *8* ^{Days} *16*

Sex *Male* Color or Race *white* Birth-place *Frederick Co*

Occupation *Farmer.* Where Residing if not at place of death *Clearspring.*

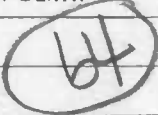
~~Married, Single or Widowed~~ Name of Wife or ~~Husband~~ *Elizabeth Strock.*

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *W. B. Deeds.* How related to deceased *Son*

CAUSES OF DEATH

Primary *Atherosclerosis*  How long *Twelve days*

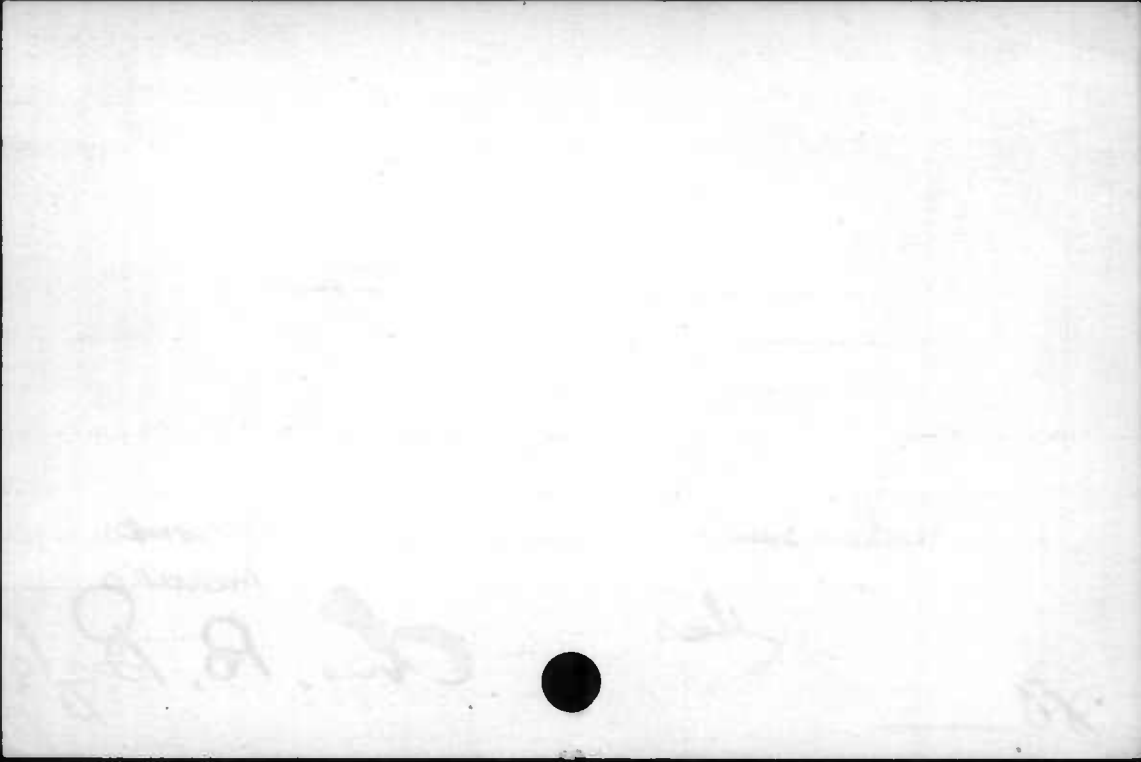
Immediate *Heart failure* How long *Forty eight hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Abraham Shank*

Address *Clearspring Washington County*

Accident or Suicide? *No*



Name

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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary M. Sillow.
 Died at *Hagerstown* Town *Wash* County
 Date of death *1906* Month *11* Day *6* Age *5* Years Months Days
 Sex *female* Color or Race *white* Birth-place *md.*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed *single* Name of Wife or Husband _____
 Father's Name *John Sillow* Father's Birthplace *md*
 Mother's Maiden Name *Mary Hoppel* Mother's Birthplace *"*
 Name of person giving information *John Sillow* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

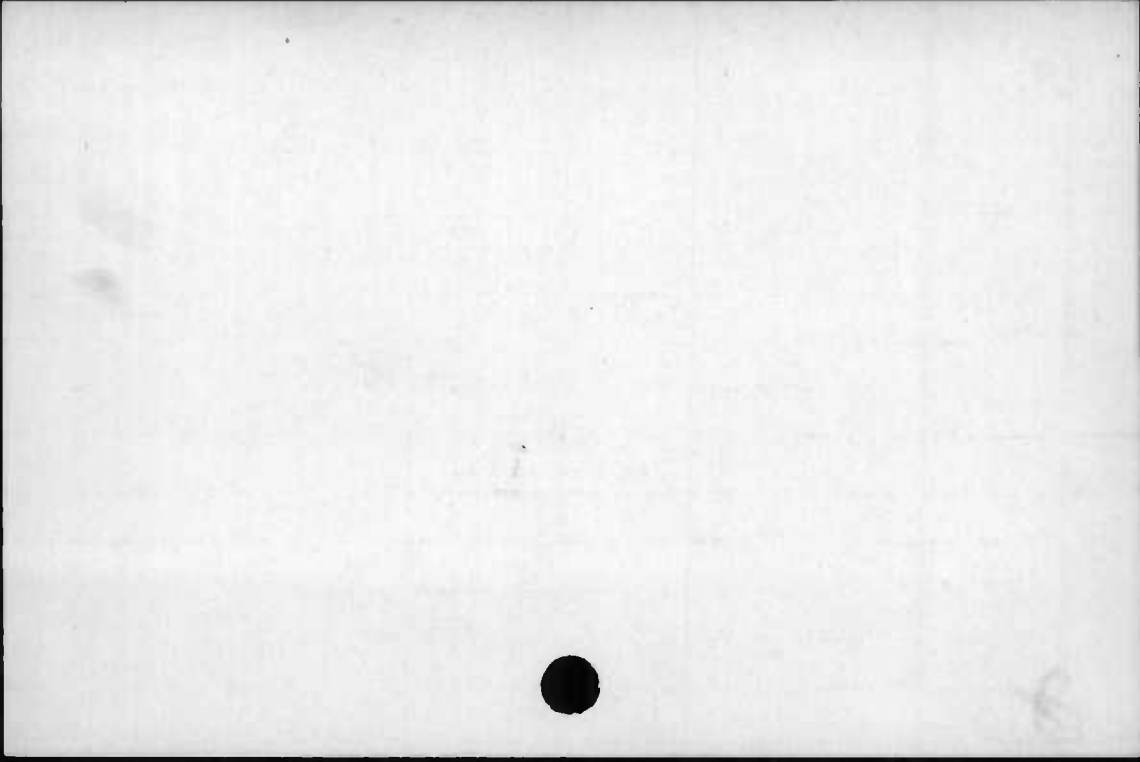
yes

Signature of Physician

Address

*Chas B Boyle**Hagerstown**md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

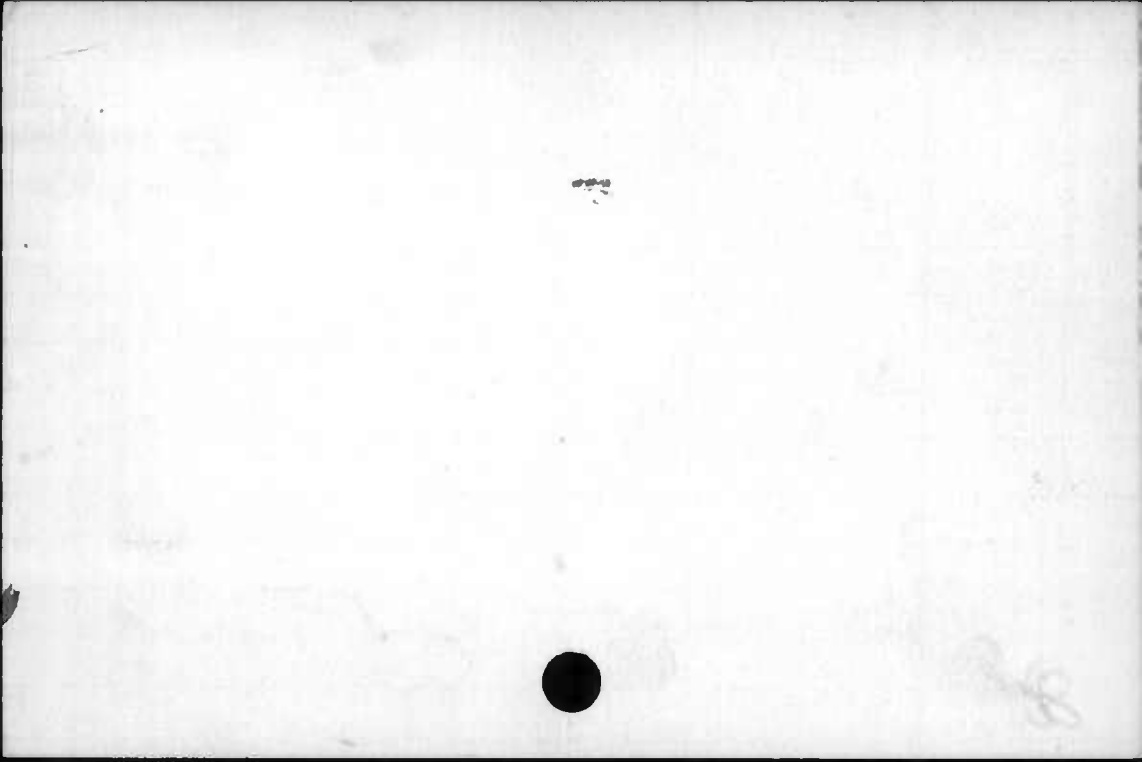
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov	25	75			
Sex	Color or Race		Birth-place				
Male	White		Benecola				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Single			Otha W. Dornier				
Father's Name			Father's Birthplace				
Otha W. Dornier			Sharpey				
Mother's Maiden Name			Mother's Birthplace				
Sarah E. String			Lancaster				
Name of person giving information			How related to deceased				
Otha W. Dornier			Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	①
Hyphema	Two weeks	
Immediate	How long	
"	Two weeks	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Chas. B. Doyle
Yes	Address	
Accident or Suicide?		



Name
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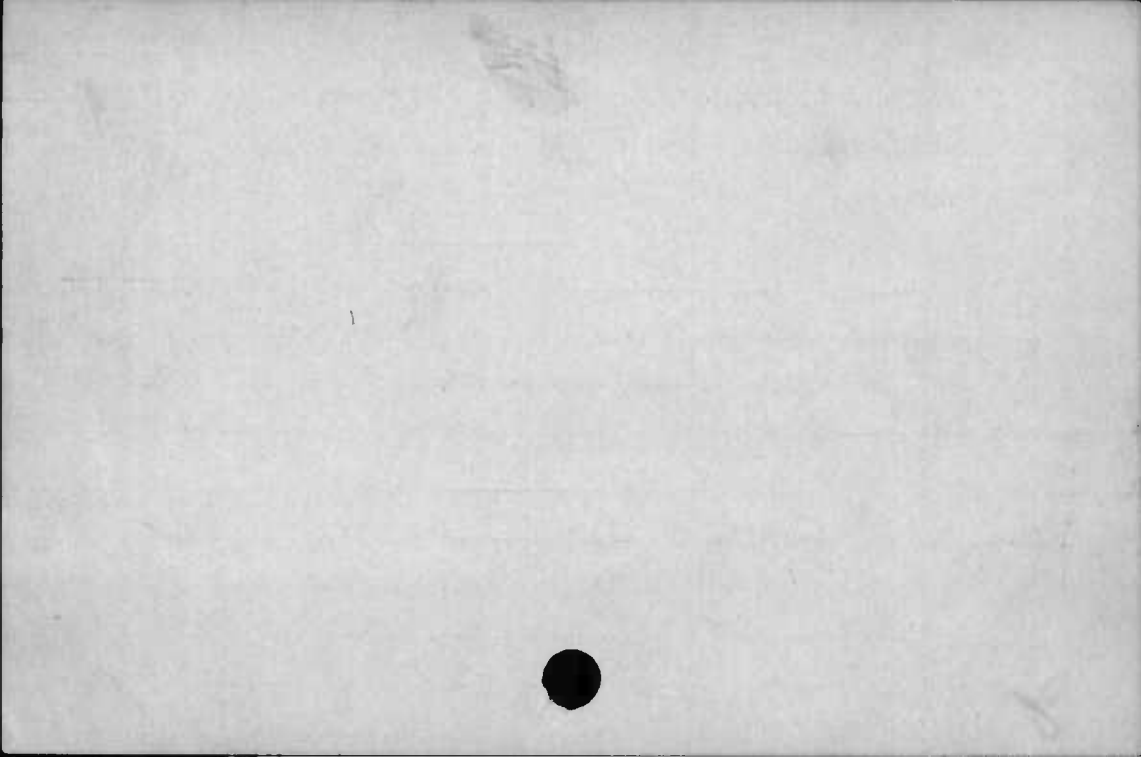
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov.	6	1		9	20
Sex	Male			Color or Race	White		
Occupation				Where Residing if not at place of death	Virginia		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John W. Eagles				Virginia			
Mother's Maiden Name				Mother's Birthplace			
Kellie V. Homes				Washington Md			
Name of person giving information				How related to deceased			
H. A. Homes				Uncle +			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis & Tonsillitis	How long	2 weeks
Immediate	Brunch-pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L. M. Phillips	
		Address	
		Harper Ferry West. Va.	
Accident or Suicide?			



Name
in
Full

Ella May Edwards.

CERTIFICATE OF DEATH

Died at ^{Town} Clearspring^{County} Washington

MARYLAND

Date
of death 1906

Month 11

Day 16

Age 34

Months

Days

Sex Female

Color or
Race

white

Birth-
place

Va

Occupation

Housewife

Where Residing if not
at place of death

Clearspring

~~Married~~ Single~~Name of Wife or
Husband~~Father's
Name

Ben Edwards.

Father's
Birthplace

Va

Mother's
Maiden Name

Sarah Pierre.

Mother's
Birthplace

Va

Name of person giving
In formation

Gertrude Edwards

How related
to deceased

Sister.

CAUSES OF DEATH

Primary

Acute Pulmonary Tuberculosis

How long

3 months

Immediate

Exhaustion.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. H. C. Foster

Address

Clearspring.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Emma Earnde

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* Town *Washington* County
Date of death *1904* Month *11* Day *29* Age *51* Years Months *11* Days *17*
Sex *Female* Color or Race *White* Birth-place *MD*
Occupation *Housewife* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Charles A Earnde*
Father's Name *Hiram Tracy* Father's Birthplace *MD*
Mother's Maiden Name *don't know* Mother's Birthplace
Name of person giving information *Charles Earnde* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Burned, accident* How long
Immediate *Shock* How long
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

E. A. McArthur

Accident or Suicide?



Name
in
Full

Gladys Earndo

CERTIFICATE OF DEATH

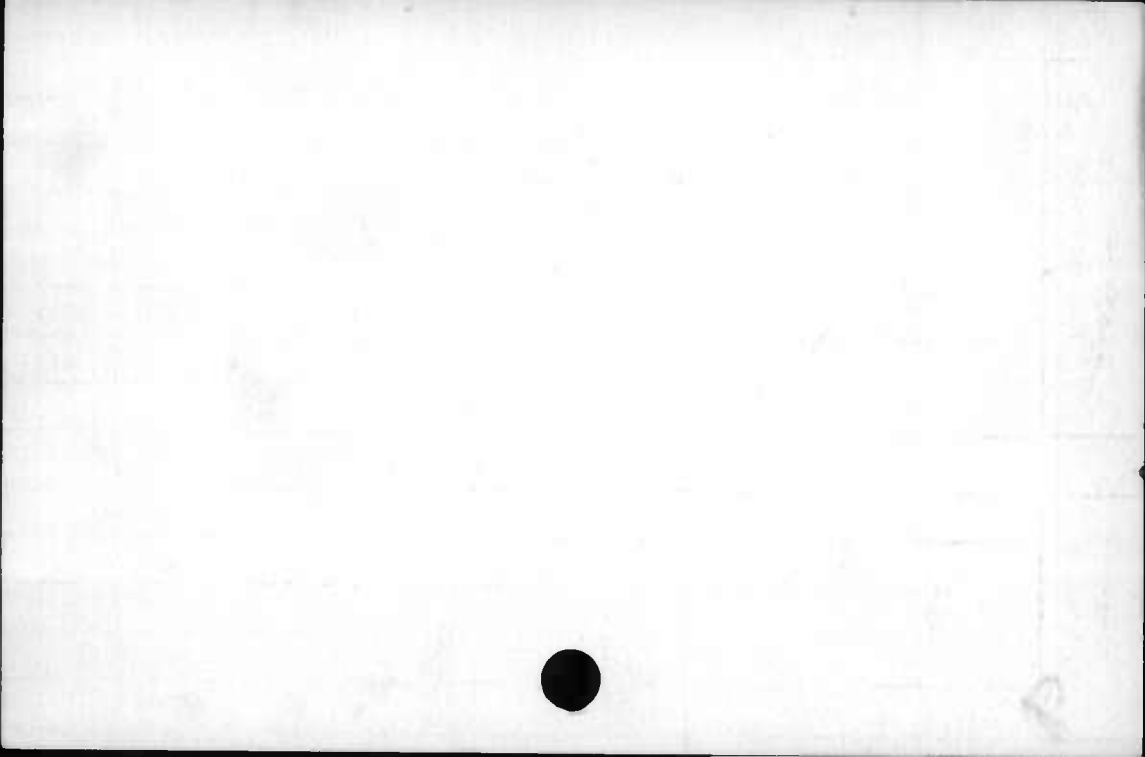
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		11	29	5	5	2	15
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Chas Earndo				Md			
Mother's Maiden Name				Mother's Birthplace			
Emma Tracy				Md			
Name of person giving information				How related to deceased			
Chas Earndo				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Burned Accidental	How long
Immediate	Shock	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yn		E. E. N. Yorkman
		Address
Accident or Suicide?		



Name
in
Full

Grace Ernede

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1904		11	30	19			
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	Stitching Theaters			Where Residing If not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Charles Ernede			Father's Birthplace			
Mother's Maiden Name	Emma Tracy			Mother's Birthplace			
Name of person giving information	Charles Ernede			How related to deceased			
			Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Burned accident	How long
Immediate	Shock	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
		1822 Washington Ave
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Anna Eliza Freigley</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND					
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>20</i>		Years <i>71</i>		Months <i>2</i>		Days <i>8</i>	
Date of death <i>1906</i>		Month <i>11</i>		Day <i>20</i>		Age <i>71</i>		Months <i>2</i>		Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>MD</i>							
Occupation				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Evel Freigley</i>									
Father's Name <i>Francis Penner</i>		Father's Birthplace <i>Don't know</i>									
Mother's Maiden Name <i>Mrs Mary C. Stumbo</i>		Mother's Birthplace <i>" "</i>									
Name of person giving In formation <i>Mollie Freigley</i>		How related to deceased <i>Daughter</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gall Stones</i>		How long <i>several years</i>	
Immediate <i>Exhaustion</i>		How long <i>several months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. W. Ragans</i>	
		Address <i>Washington, Md.</i>	
Accident or Suicide?			

Watkins

Name
In
Full

Edward Beulow Fisher

CERTIFICATE OF DEATH

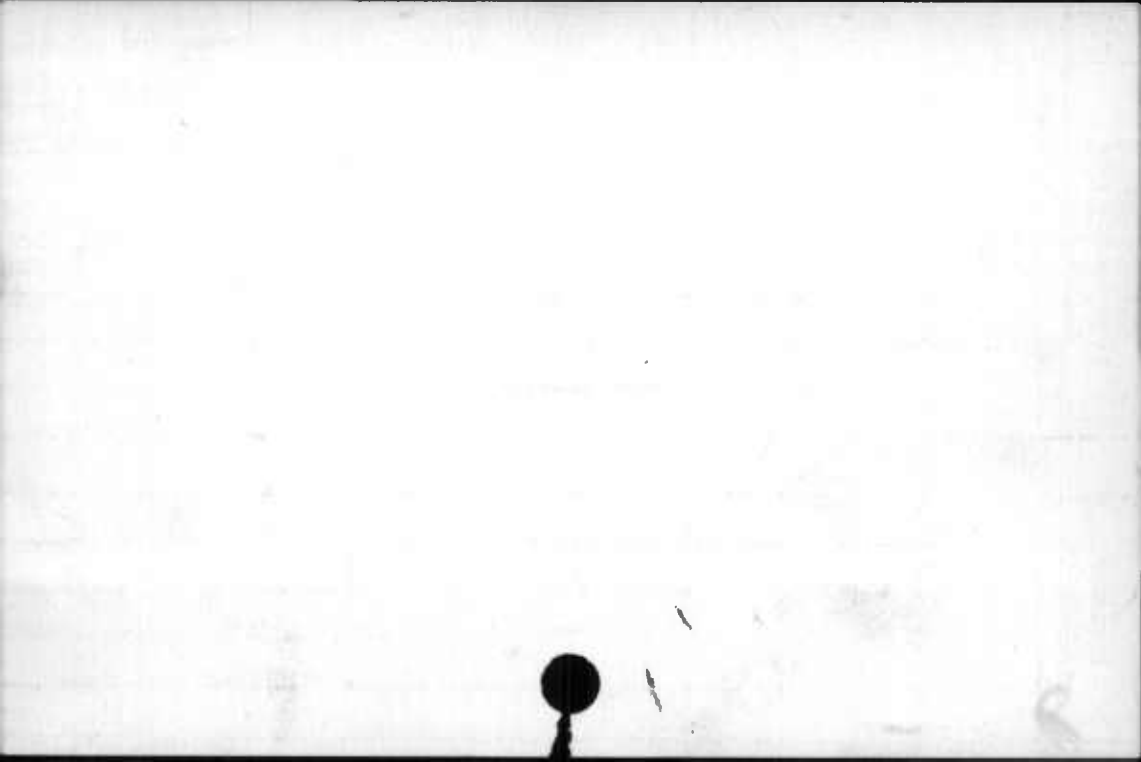
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death	1906	Month <i>11</i>	Day <i>14</i>	Age <i>35</i>	Months <i>+</i> Days <i>+</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Va.</i>		
Occupation <i>R.R. Brakeman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife <i>Carrie D. Fisher?</i>				
Father's Name <i>Joseph Fisher</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Louisa Snyder</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Charles Snyder</i>	How related to deceased <i>uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Crushed under</i>	How long	
Immediate	<i>R.R. Engine</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of <i>E.M. Suter & Sons</i> <i>undertakers</i>	
		Address <i>Hagerstown, Md.</i>	
Accident <i>yes</i>		<i>No physician in attendance.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Blagertown* Town*Washington* CountyDate
of death *1906*Month
*11*Day
27

Age

Years
*26*Months
*—*Days
*—*Sex
*Female*Color or
Race
*Colored*Birth-
place
*md*Occupation
*house work*Where Residing if not
at place of deathMarried, Single
or Widowed
*Single*Name of Wife or
HusbandFather's
Name
*Daniel Fisher*Father's
Birthplace
*md*Mother's
Maiden Name
*Sallie Morgan*Mother's
Birthplace
*Va*Name of person giving
In formation
*Sallie Fisher*How related
to deceased
Mother

CAUSES OF DEATH

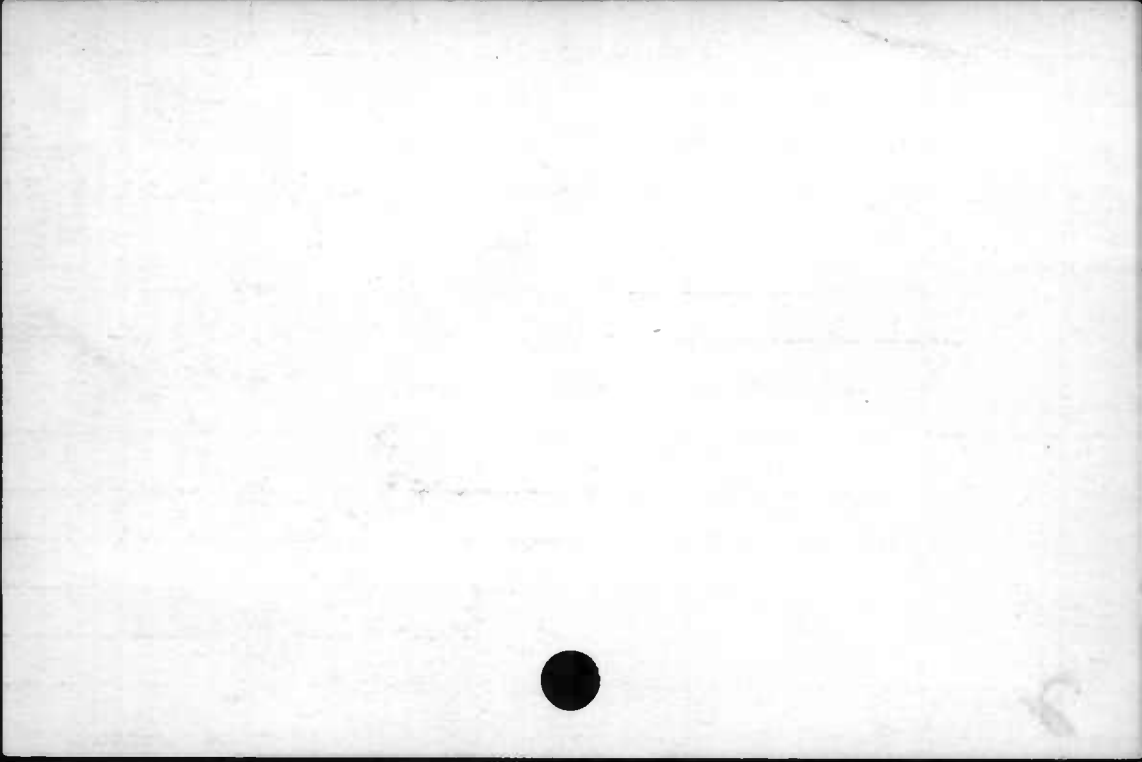
Primary
*Tuberculosis*How long
*several yrs.*Immediate
Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?
*Yes.*Signature of
Physician
*Ch. Scheller*Address
*Blagertown*Accident or Suicide?
No.

Beaver Creek

Name in Full		Lillian Ray Flaughet				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Buena Vista		Washington		MARYLAND			
		Date of death	1906	Month	Nov.	Day	30	Years	one
		Sex	Female	Color or Race	White	Months		Days	6
		Occupation				Birth-place	Buena Vista		
					Where Residing if not at place of death			At place of death	
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		William A Flaughet				Father's Birthplace			
Mother's Maiden Name		Minnie Hustler				Mother's Birthplace			
Name of person giving information						How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Gastro-enteritis				7 days			
		Immediate				How long			
		Congestion and Oedema of lungs				24 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		G. L. Wichter					
		Address		Sabillasville Md.					
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Caroline E Flynn

Died at *Eakro Mills* Town *Mack* County *State*
MARYLAND

Date of death 1906 11 20 Age 79 Months 6 Days 14

Sex *Female* Color or Race *White* Birth-place *Eakro Mills*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband *Michael Flynn*

Father's Name *Benjamin Zimmerman* Father's Birthplace *Pa Co*

Mother's Maiden Name *Mary H. Jones* Mother's Birthplace *Mack Co*

Name of person giving information *Archie Robt* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Fractured cervical vertebrae* How long *3 1/2 yrs*

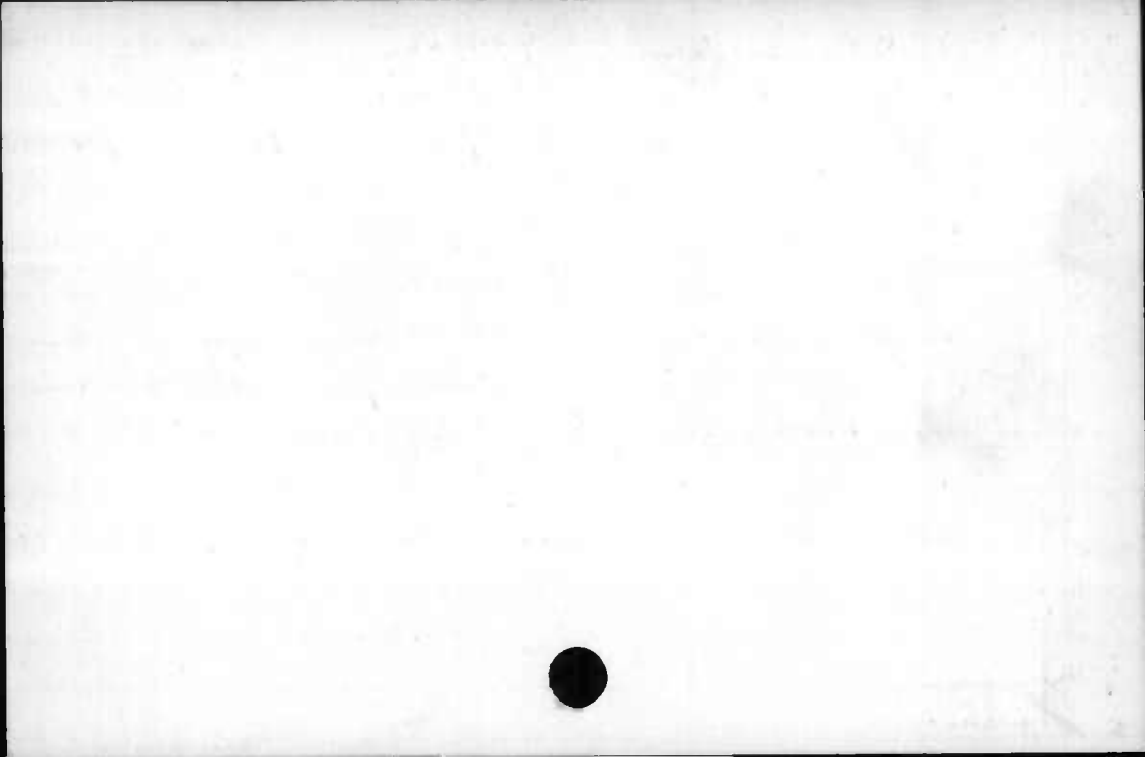
Immediate *Paralysis* How long *6 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

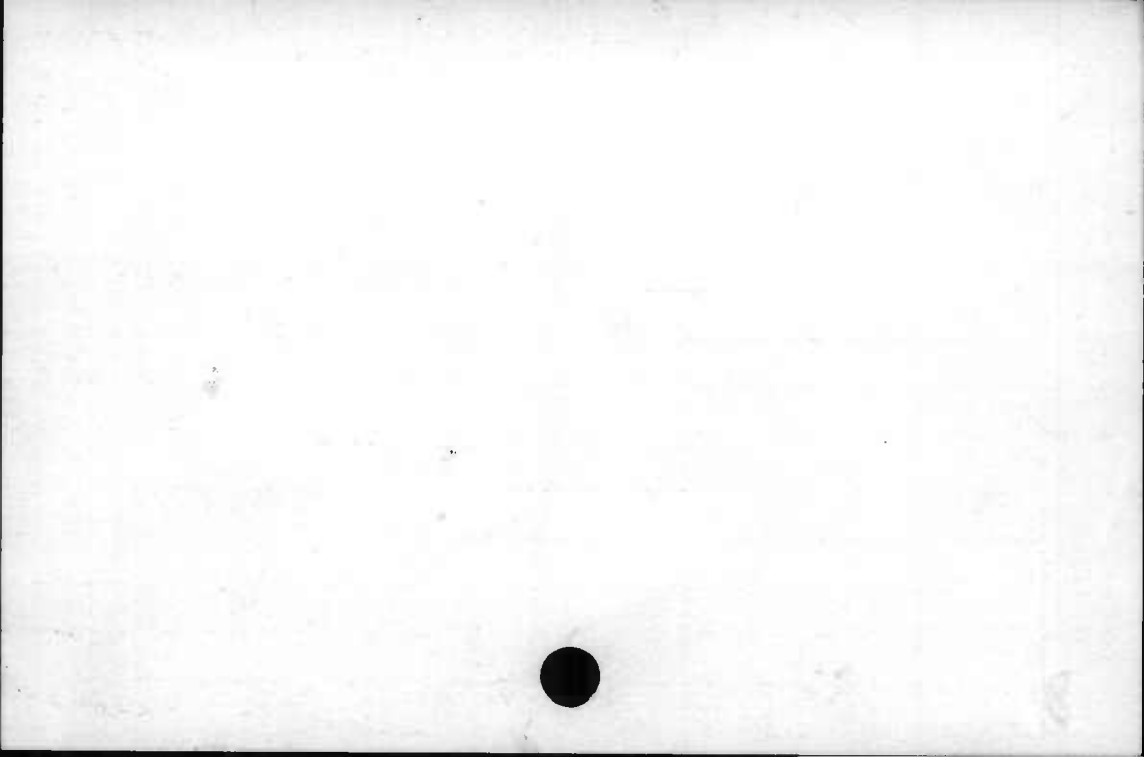
Signature of Physician *H. M. Kihiser*

Address *Kedysville Md*

Accident or Suicide?



Name in Full Albert Forsyth		CERTIFICATE OF DEATH	
Died at near Halfway <small>Town</small>		Washington <small>County</small>	
Date of death 1906 <small>Month</small> Nov <small>Day</small> 14		Age 2 <small>Years</small> two <small>Months</small> two <small>Days</small>	
Sex Male		Color or Race White	
Occupation None		Birth-place near Halfway	
Where Residing If not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name John Albert Forsyth		Father's Birthplace Washington Co Md	
Mother's Maiden Name Clara Viola Taylor		Mother's Birthplace Blayie Penna	
Name of person giving information Clara Viola Taylor		How related to deceased	
CAUSES OF DEATH			
Primary Premature birth		How long 151	
Immediate not matured		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J. T. Leshner	
		Address Williamsport Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

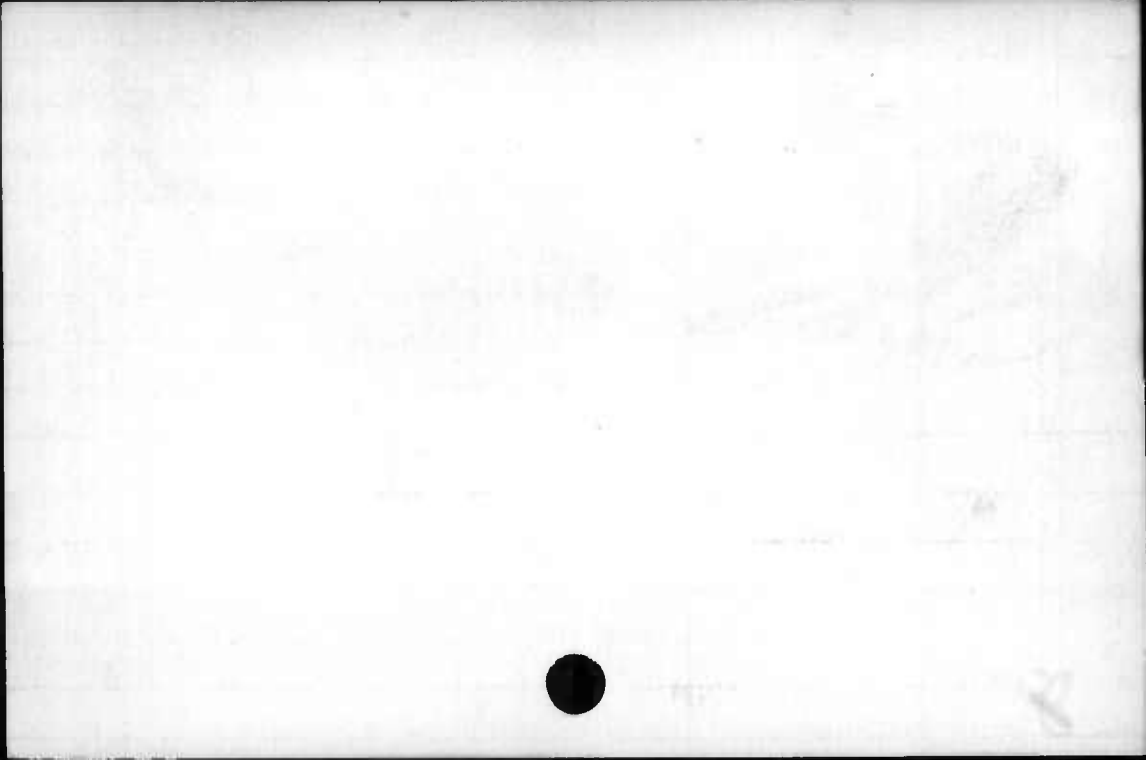
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Glaze</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov.</i>	Day <i>14</i>	Age <i>W.</i>	Years <i>1</i>
Sex <i>Female</i>	Color or Race <i>W.</i>		Birth-place <i>Hagerstown</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Joseph Glaze, dec.</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Bessie Simmons</i>			Mother's Birthplace <i>W. Va</i>		
Name of person giving information <i>Bessie Glaze</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Umbilical Hemorrhage</i>	How long <i>One hour</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Mary A. Laughlin</i>
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Amanda L. Golden</i>		Town <i>Lappans</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>11</i>		Day <i>18</i>		Years <i>71</i>	
Date of death <i>1906</i>		Months <i>7</i>		Days <i>18</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Unknown</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Hagerstown</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Joseph Golden</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mrs. Charles Barnhart</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

How long

Immediate

Cardiac Failure

How long

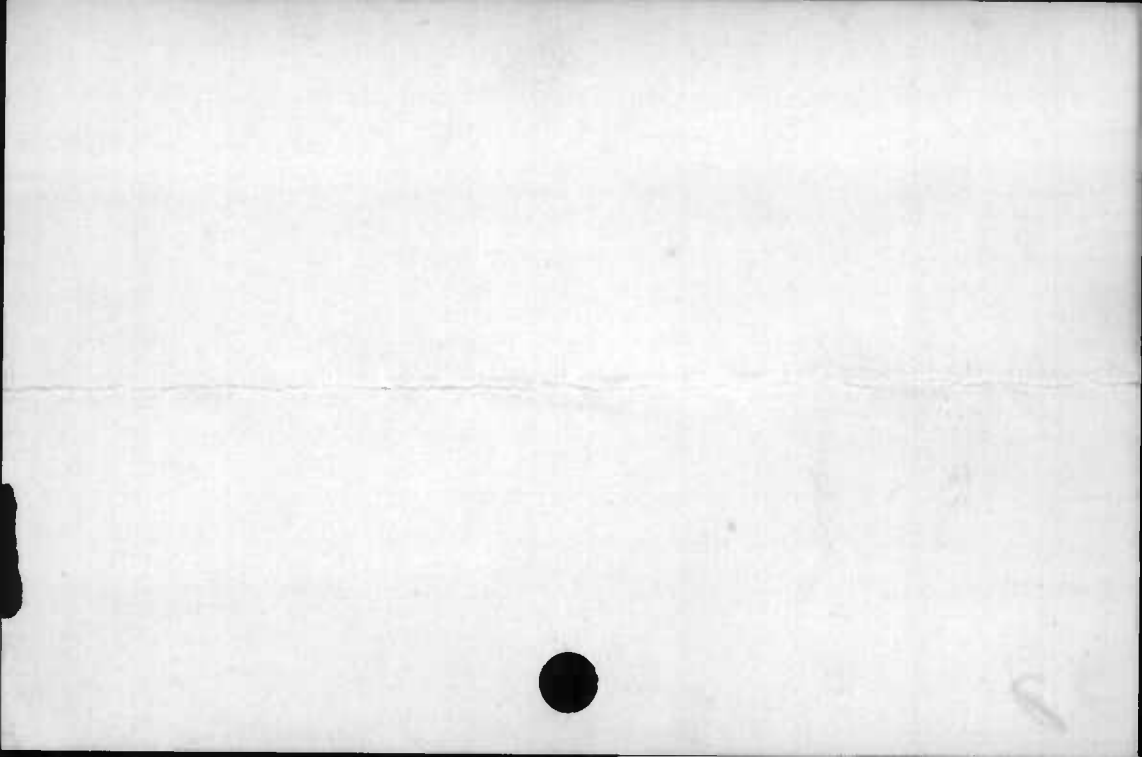
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. P. Stauffer

Address

Accident or Suicide?



Name In Full

Certificate of Death

Charles E Gray

Town

County

Died at

New Market, Washington

MARYLAND

Date

1906. M. 11

Age

39 9 19

Native of

Maryland

Occupation

Fireman

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Three

Husband

of

Hester Gray

Wife

Father's

Name

Harmond Gray

Mother's

Name

Ellen R Gray

Cause of

Primary

Killed by gunshot

How long sick

2 hrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

H S Heaps

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name
in
Full

Eleanor Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Mondel* Town *Washington* County *MARYLAND*

Date of death *1906* Month *11* Day *23* Age *87* Years *9* Months *14* Days

Sex *Female* Color or Race *White* Birth-place *Mondel*

Occupation *Retired* Where Residing if not at place of death _____

Married, Single or Widowed *Widow* Name of Wife or Husband *James Harper*

Father's Name *Jacob Harper* Father's Birthplace *Unknown*

Mother's Maiden Name *Miss Fisher* Mother's Birthplace *"*

Name of person giving information *Richard Harper* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

Six days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

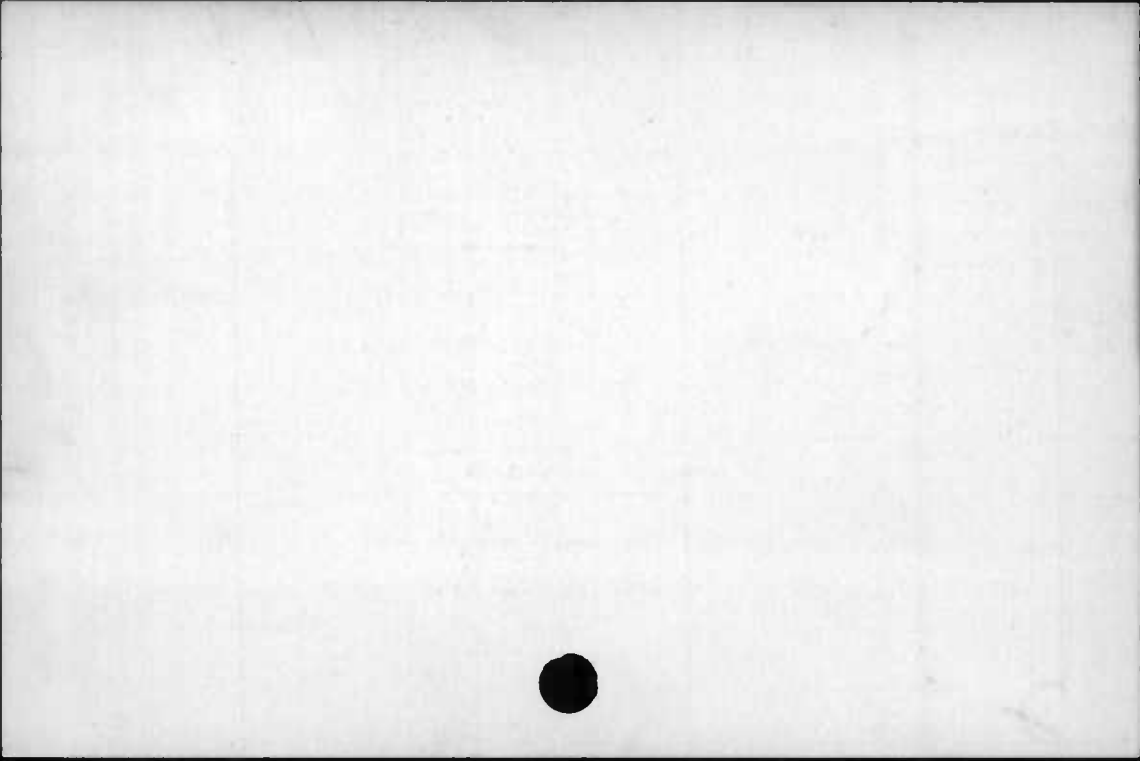
Signature of Physician

W. H. Gardner M.D.

Address

Chapin Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

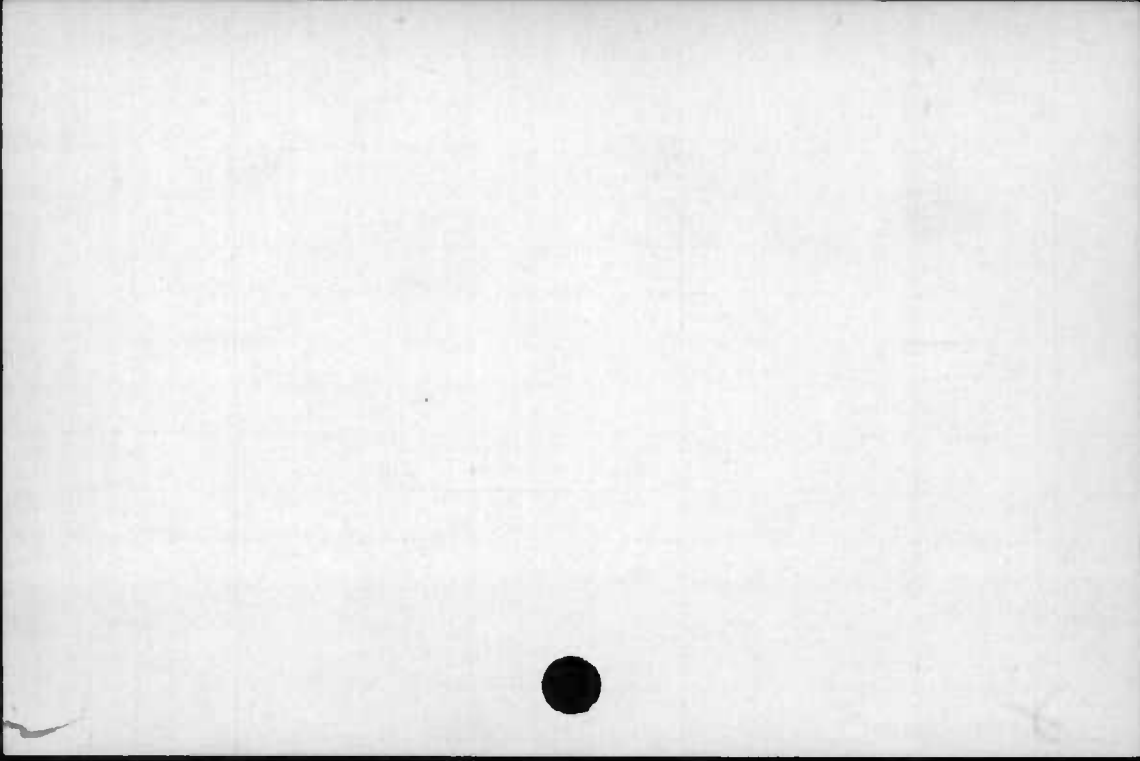
TO BE ANSWERED BY
NEAREST FRIEND

Still Born Infant Harris		Town		County		MARYLAND	
Died at New Hancock		Washington, Wm					
Date of death	1906	Month	Mar	Day	25	Age	—
Sex	Male	Color or Race	White	Birth-place	New Hancock	Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Fether's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

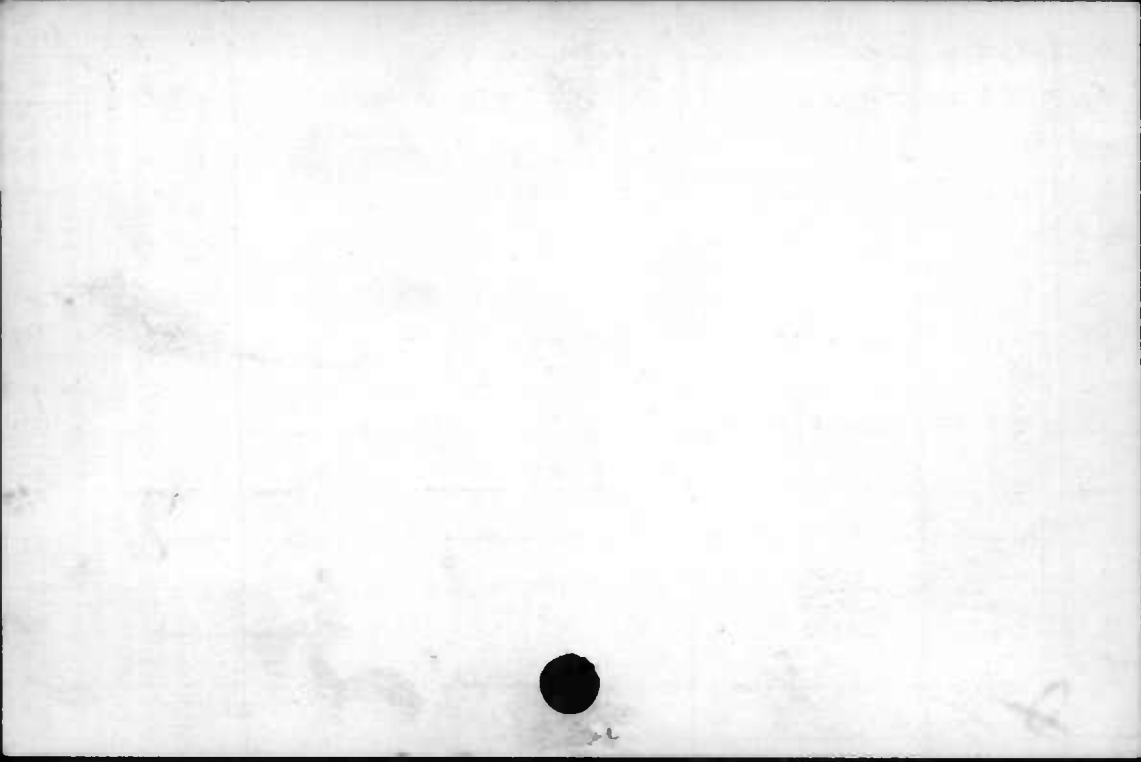
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born Infant	How long
Immediate	7 3's	How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
		Address
		Hancock & Maryland
Accident or Suicide?		



Name in Full		MARGARETT. HARSHMAN				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Leitesburg		Washington		MARYLAND
	Date of death		1904	Month 11	Day 13	Age 66	Months 5 - Days 16
	Sex		Female		Color or Race		White
	Occupation		Home wife		Birth-place		Thompson Mount
	Married, Single or Widowed		Single		Where Residing if not at place of death		Near Leitesburg
	Father's Name		Daniel Englebrode		Name of Wife or Husband		Daniel Harshman
	Mother's Maiden Name		Elizabeth Harshman		Father's Birthplace		Fred Co.
	Name of person giving information		Blara E. Harshman		Mother's Birthplace		"
				How related to deceased		Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Sclerotic Arteries, Interstitial Nephritis, Chronic, Mitral Insufficiency & Dilatation				How long ?		17
	Immediate Cardiac failure				How long		24 hours.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		G. Robert W. Wilson,
					Address		Leitesburg, Ind.
Accident or Suicide?							



Name in Full

Certificate of Death

Mrs. Pauline

Town

Hess's

County

Died at

Hagerstown

Washington

MARYLAND

Date 19

06

Month

Nov.

Day

8

Age

Y.

M.

D.

65 1 -

Native of

Germany

Occupation

H. W.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

~~Wife~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

William Hess's

Henry Berner

Mother's
Maiden Name

Christiana

Primary

Acute Indigestion

Immediate

Heart Failure

How long sick

24 hours.

~~Accident, Suicide, Homicide~~

Dr. L. S. Herman

Hagerstown

LIBRARY BUREAU, 79998



Name
in
Full

CERTIFICATE OF DEATH

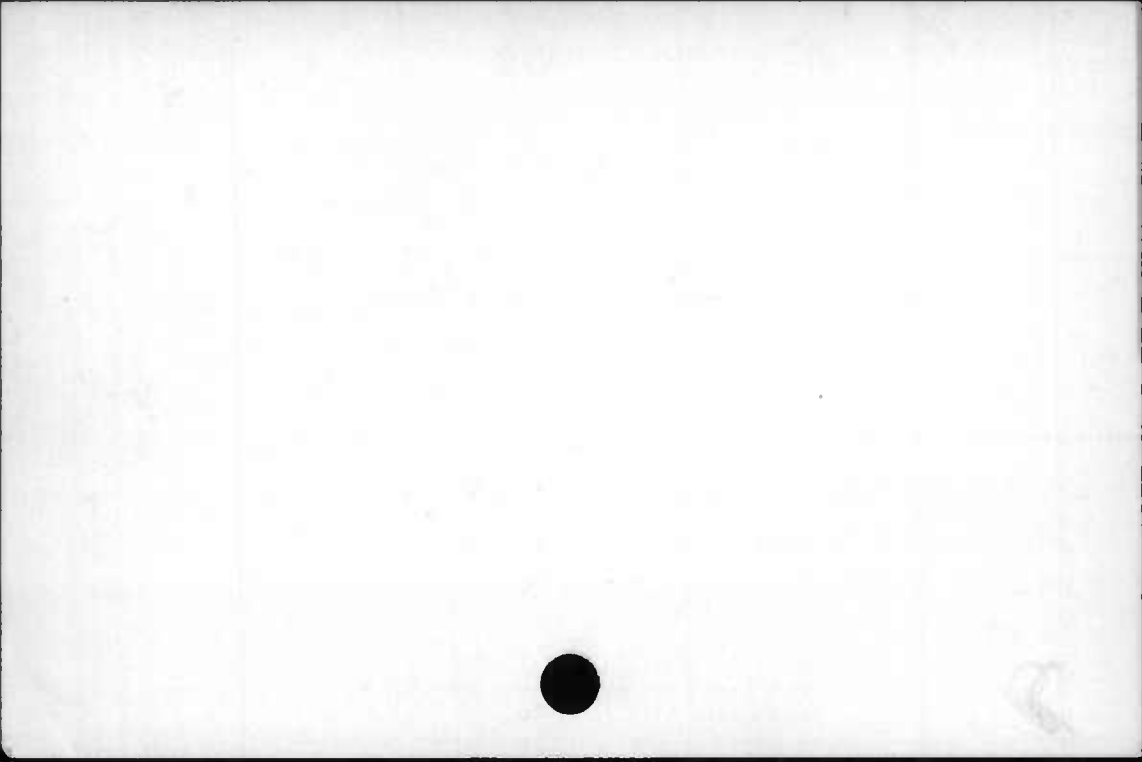
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel Himes</i>		Town <i>Sandy Hook</i>		County <i>Washington</i>		STATE <i>MARYLAND</i>	
Died at <i>Sandy Hook</i>		Month <i>11</i>		Day <i>21</i>		Age <i>44</i>	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sandy Hook</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Sandy Hook</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie E. Himes</i>	
Father's Name <i>Silas Himes</i>		Mother's Maiden Name <i>Eliza A. Deamer</i>		Father's Birthplace <i>Washington Co</i>		Mother's Birthplace <i>W</i>	
Name of person giving information <i>John G. Himes</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aortic Insufficiency</i>	How long <i>19</i>	How long <i>one year</i>
Immediate <i>Heart Failure</i>	How long <i>immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. B. Ranson</i>	Address <i>Harpers Ferry W Va</i>
Accident or Suicide? <i>2</i>		



Name
in
Full

Pearl Amelia Hoffmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Beaver Creek		County Washington		MARYLAND	
Date of death	1906	Month Nov.	Day 28 th	Age 1	Years	Months 8	Days 22
Sex	Female.		Color or Race	White.		Birth-place	Beaver Creek.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Jonas M. Hoffman			Father's Birthplace Washington County, Ind.			
Mother's Maiden Name	Barbara E. Brown			Mother's Birthplace Washington County, Ind.			
Name of person giving information	Jonas M. Hoffman			How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Pneumonia

Immediate
Exhaustion

93

How long
6 days

How long
24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. W. Getendanner M.D.

Beaver Creek, Ind.

Accident or Suicide?



Name
in
Full

Infant Houch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Caretown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>11</u> <small>Day</small> <u>11</u>		Age <u>born dead</u> <small>Years</small>		<small>Months</small> <u> </u> <small>Days</small> <u> </u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Caretown</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Martin L. Houch</u>		Father's Birthplace <u>Chenoweth</u>			
Mother's Maiden Name <u>Lucy E. Houch</u>		Mother's Birthplace <u>Pondewill</u>			
Name of person giving information <u>Martin L. Houch</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Born dead</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. Tracy Bishop</u>
		Address <u>Smithsburg Maryland</u>
Accident or Suicide?		



Name
in
Full

Frederick Preston Humelsine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Wash

MARYLAND

Date of death 1906 Month 11 Day 30 Age — Years 15 Months — Days —

Sex male Color or Race white Birth-place Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John Humelsine Father's Birthplace Pa.

Mother's Maiden Name Lillie F. Titlow Mother's Birthplace Md.

Name of person giving information John Humelsine How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tetanus & coed (6) How long Several weeks

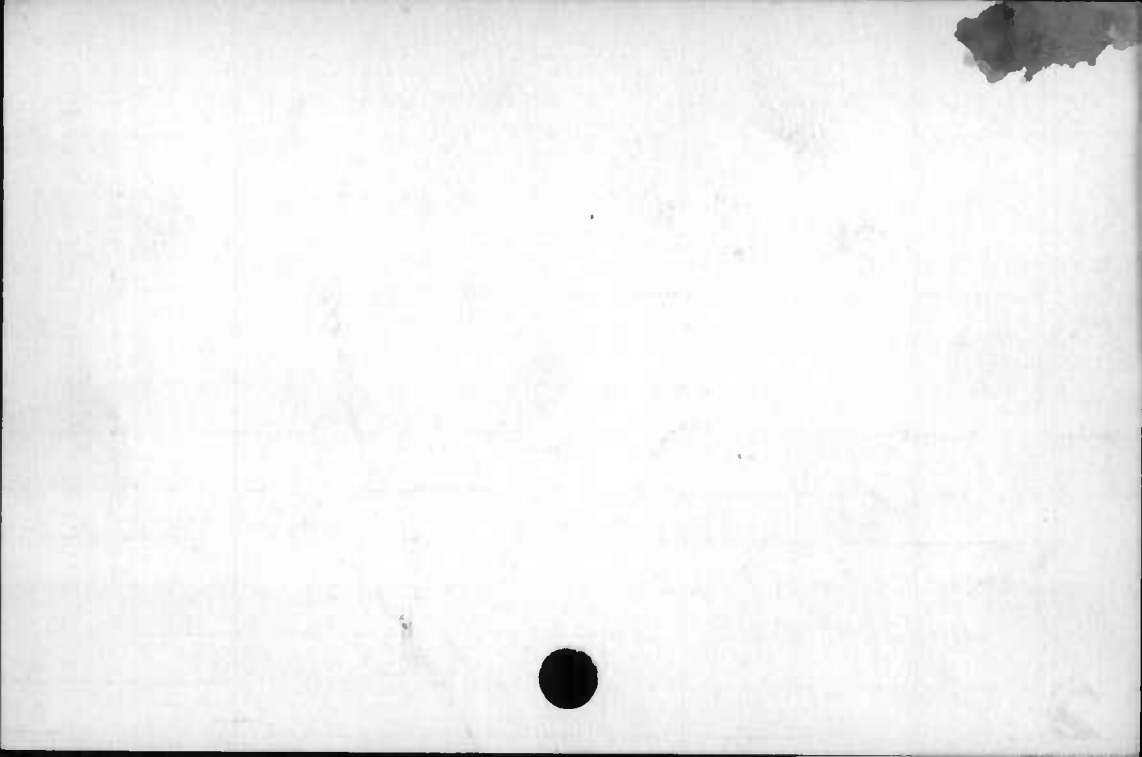
Immediate Meningitis How long 24 hours

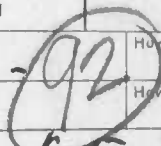
Are the name, age, sex, color, date and place correctly given above? yes

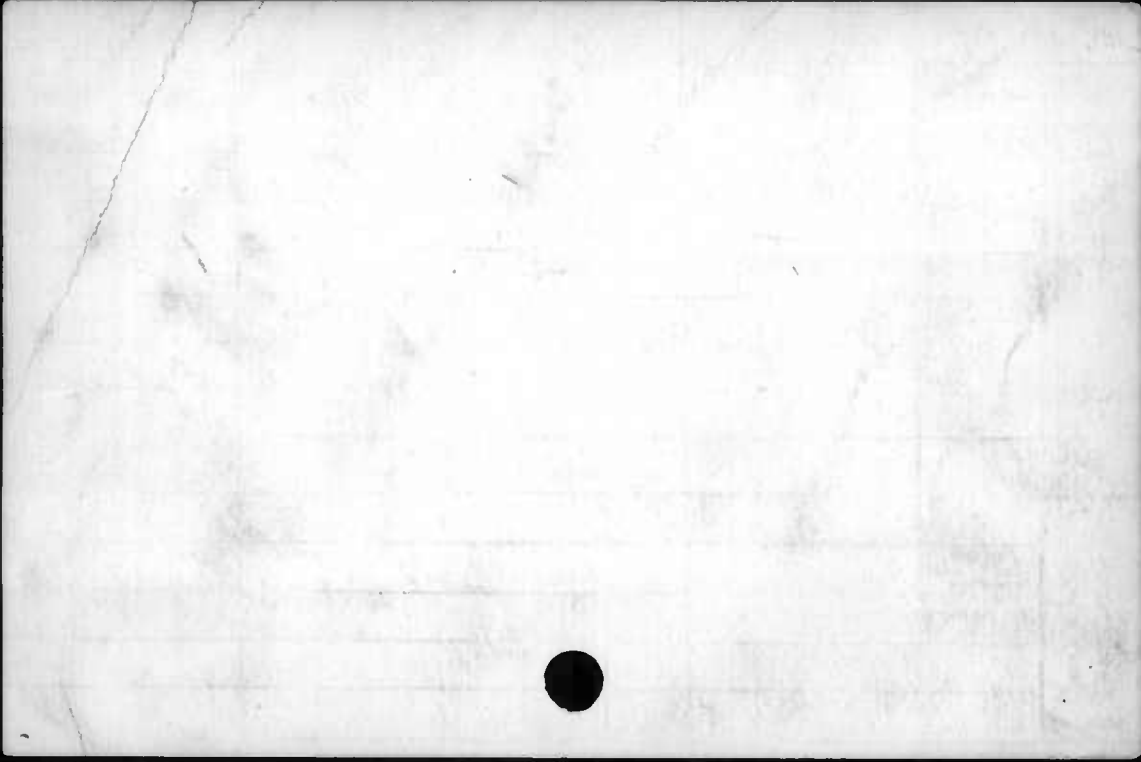
Signature of Physician O. W. Rogers

Address Hagerstown Md.

Accident or Suicide? —



Name in Full <i>Charles E. Johnson</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hager</i> Town		County <i>Washington</i>
	Date of death <i>190</i>		Month <i>11</i> Day <i>7</i> Age <i>2</i> Years <i>2</i> Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>	
	Father's Name <i>Frank E. Johnson</i>	Father's Birthplace <i>Id</i>	
	Mother's Maiden Name <i>Bela Johnson</i>	Mother's Birthplace <i>Md</i>	
	Name of person giving information <i>—</i>	How related to deceased <i>—</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Pneumo Pneumonia</i>	How long <i>6 days.</i>	
	Immediate <i>Exhaustion</i>	How long <i>—</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor D. Miller Jr.</i>	
		Address <i>Hagerstown Md.</i>	
	Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ellen Jones*

Town *Hancock* County *Washington* MARYLAND

Died at *Hancock*

Date of death *1906* Month *Nov.* Day *20* Age *70* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *Died at home*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Jessie Venev*

Father's Name *Jonathan Janyter* Father's Birthplace *Penna.*

Mother's Maiden Name *Not Known* Mother's Birthplace

Name of person giving information *Thomas M Venev* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Howard Tigars

Hancock, Md.

Accident or Suicide?

Dr Shops

Name
in
Full

Missouri Susan Keefe.

CERTIFICATE OF DEATH

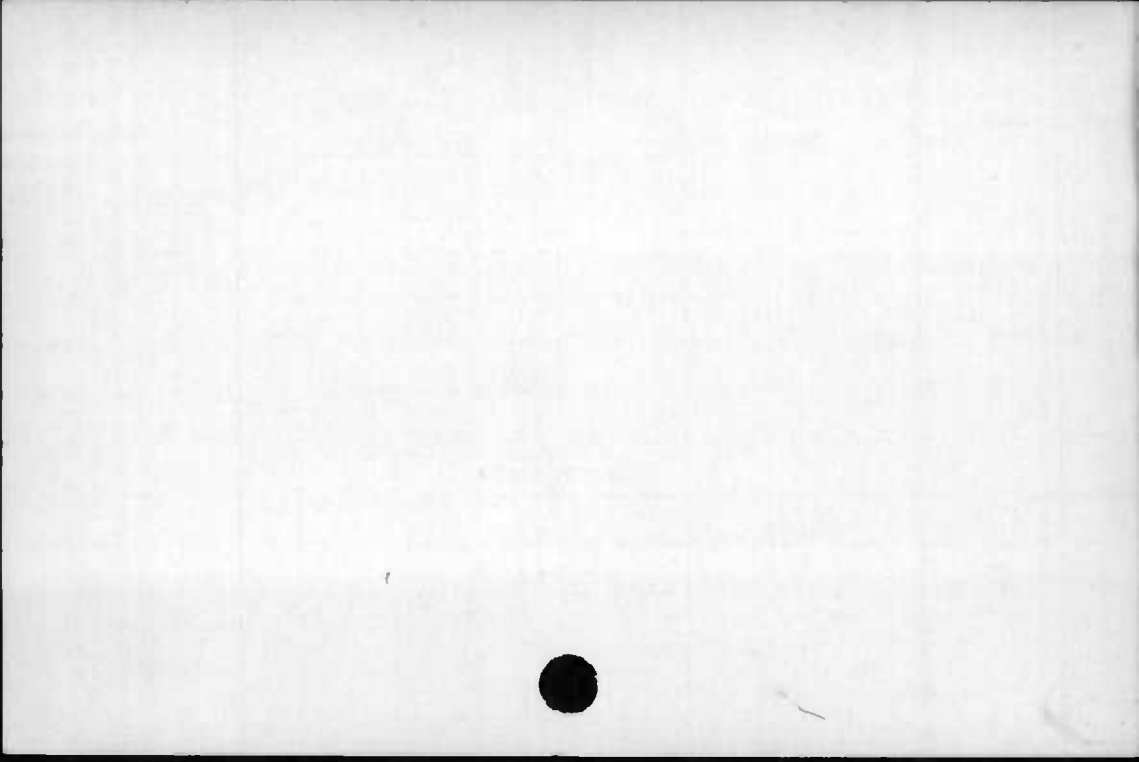
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cascade</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1906	Month	Nov	Day	16
Age	54	Years	6	Months	—
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House Wife	Where Residing if not at place of death <i>Cascade Md</i>			
Married, Single or Widowed	Married	Name of Wife or Husband <i>Cyrus Keefe.</i>			
Father's Name	<i>S H Harbaugh.</i>	Father's Birthplace <i>Md.</i>			
Mother's Maiden Name	<i>Susan Valintine</i>	Mother's Birthplace <i>Md</i>			
Name of person giving information	<i>Cyrus Keefe.</i>	How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever.</i>	How long	<i>2 weeks</i>
Immediate	<i>Typhoid Fever</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. L. Wichter.</i>	
		Address <i>Sabillasville</i>	
		<i>Maryland.</i>	
Accident or Suicide?			



Name
in
Full

Howard Saxon Kelly

CERTIFICATE OF DEATH

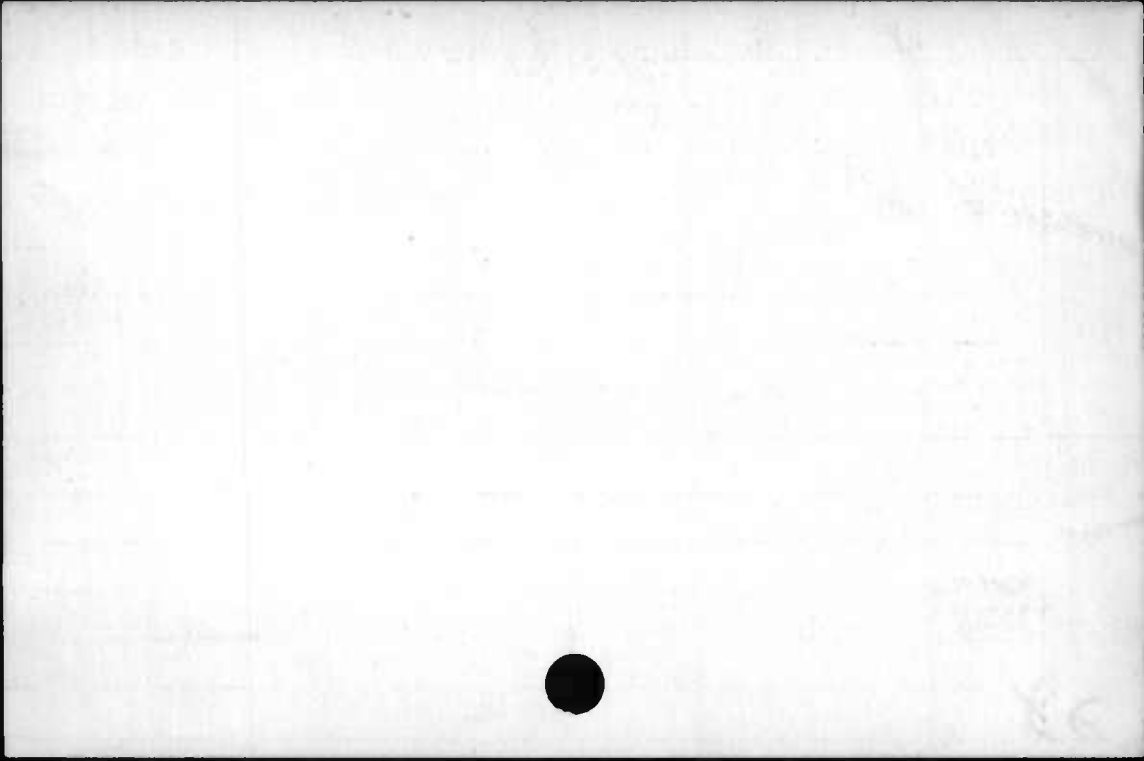
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>			Town <i>Washington</i>			County			MARYLAND		
Date of death <i>1906</i>		Month <i>11</i>		Day <i>24</i>		Age <i>2</i>		Years <i>10</i>		Months <i>4</i>	
Sex <i>Male</i>				Color or Race <i>White</i>				Birth-place <i>MD</i>			
Occupation <i>—</i>						Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>						Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert Kelly</i>						Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Rose M. Kohner</i>						Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Robert Kelly</i>						How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		How long <i>120</i>	
Immediate <i>Uraemic poisoning</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. P. Stauffer</i>	
		Address <i>—</i>	
Accident or Suicide?			



Name in Full		Rodney Robert Keller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hagerstown		Washington		MARYLAND	
	Date of death	1906	Month 11	Day 4	Age 4	Years 5	Months 4
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	Robert D Keller				Father's Birthplace	Md
	Mother's Maiden Name	Rose M. Rohrer				Mother's Birthplace	Md
Name of person giving information	Robert Keller				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Nephritis				How long	
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	A. P. Stauffer M.D.	
					Address	1 3	
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

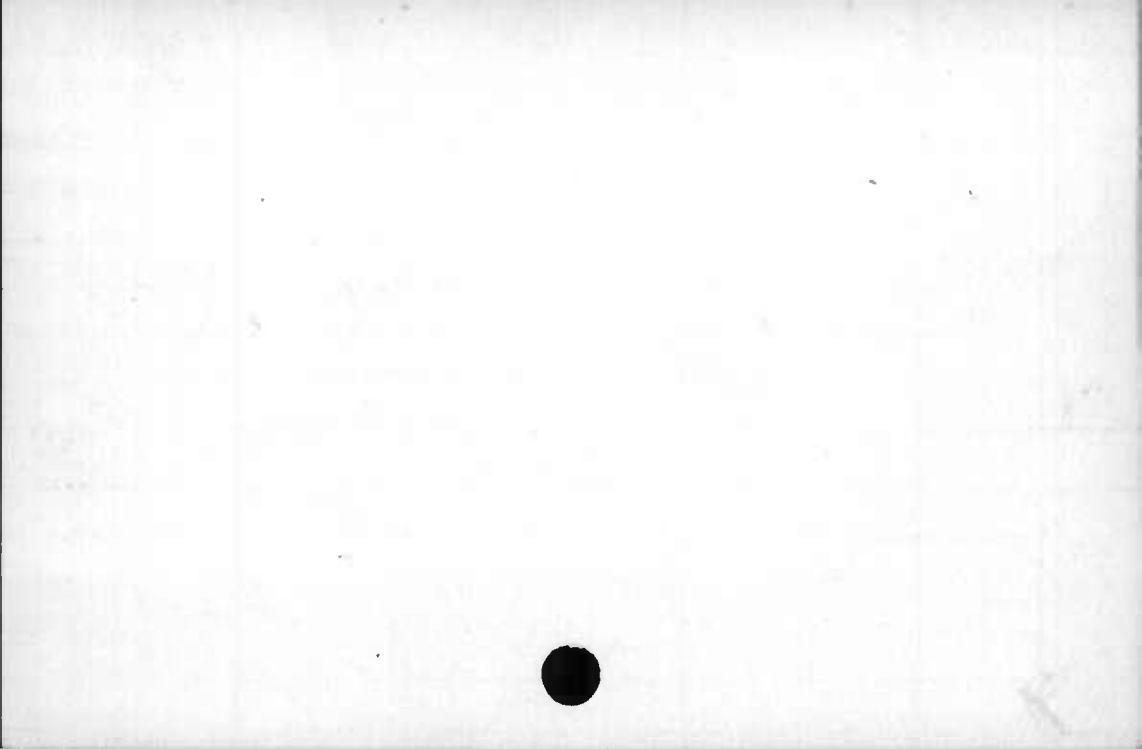
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Big Pool</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>10</i>	Age <i>83</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House Wife</i>			Where Residing if not at place of death <i>Big Pool</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Edward Kelley</i>				
Father's Name <i>Mr Lane</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mrs Laura Kelley</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy and General Debility</i>	How long <i>4 years</i>
Immediate <i>Heart Failure</i>	How long <i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Ritchie Sub Registrar</i>
<i>Yes</i>	Address <i>6100 Spring Rd.</i>
Accident or Suicide?	



Name
in
Full

Gottlob Langenstein 11/21/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Wash. MARYLAND

Date of death 1906 Month 11 Day 26 Age 65 Years Months — Days 18

Sex male Color or Race white Birth-place Germany

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife Christiana Langenstein

Father's Name Gottlob Langenstein Father's Birthplace Germany

Mother's Maiden Name Elizabeth Summer Mother's Birthplace "

Name of person giving information Christiana Langenstein How related to deceased wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

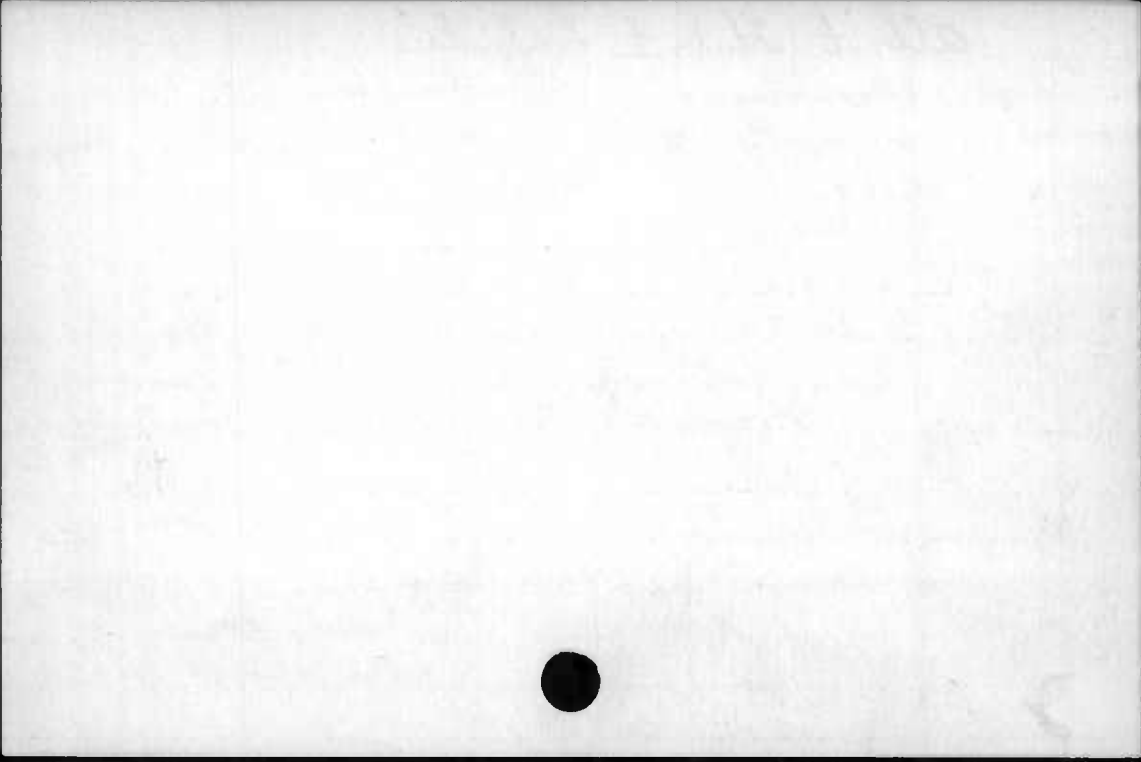
yes

Signature of Physician

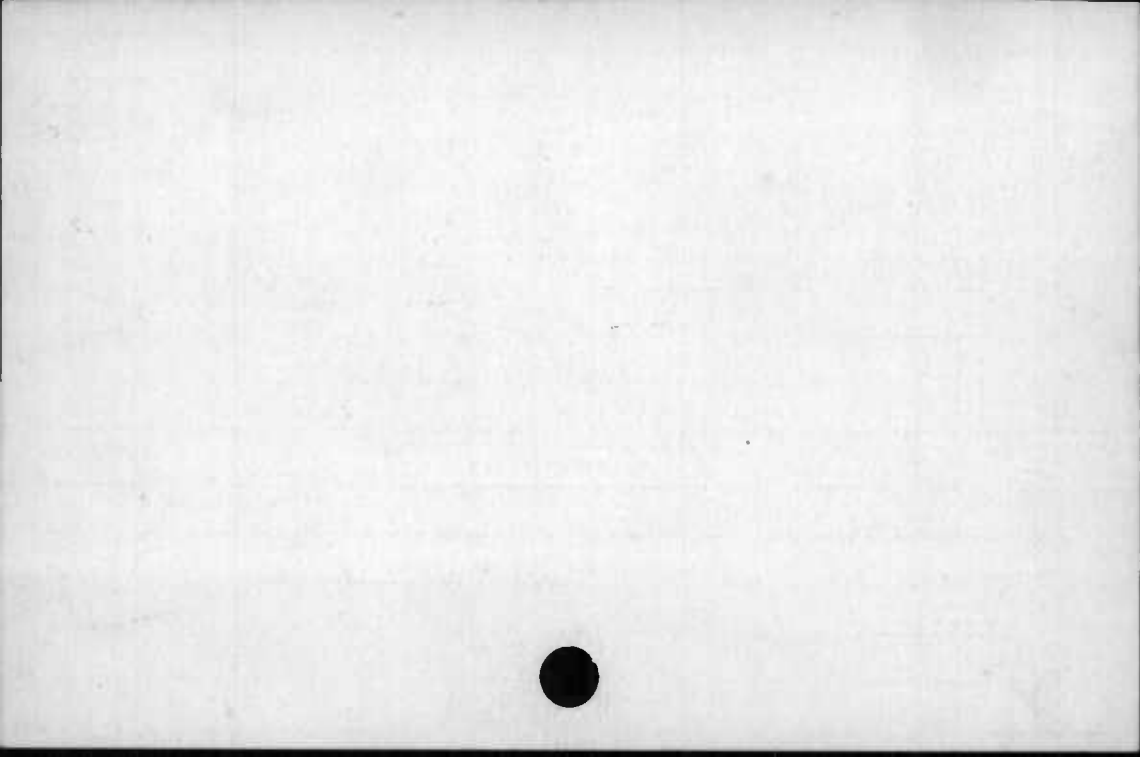
Address

Inspector HowHagerstown
md.

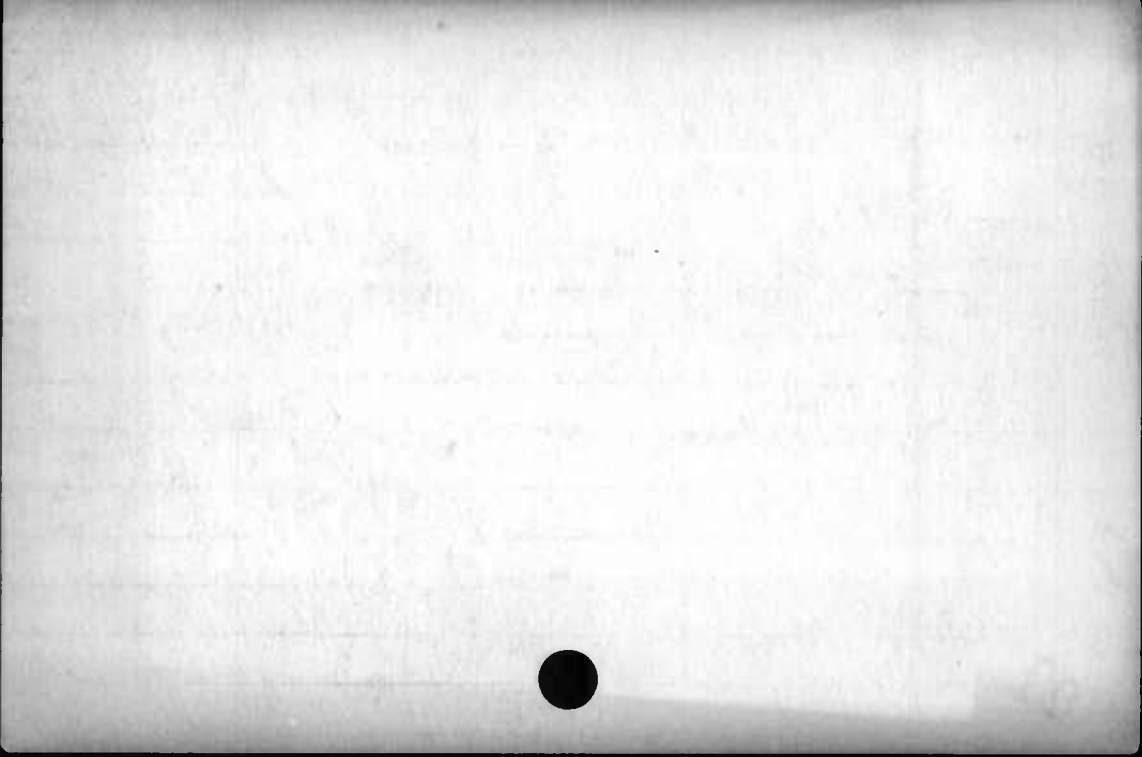
Accident or Suicide?



Name in Full		albert Hubert Lapole				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Bourbon		County Washington		MARYLAND	
	Date of death	1906	Month Nov.	Day 27	Age 4	Years 10	Months 26
	Sex	Male		Color or Race	White		Birth- place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Hubert R. Lapole				Father's Birthplace	Maryland
	Mother's Maiden Name	Sarah Klue				Mother's Birthplace	Maryland
Name of person giving In formation	Magdalene Klue				How related to deceased	Grand mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Brain Fever				How long	3 weeks.
	Immediate	Exhaustion, Heart Failure				How long	Sudden
	Are the name, age, sex, color, date and place correctly given above?	yes.				Signature of Physician	J. Hubert Wade, M. D.
	Address					Bourbon, Ind.	
Accident or Suicide?	No						



Name in Full		Minnie T. Lewis						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Trego			County Washington			MARYLAND	
	Date of death 190	6	Month 11	Day 27	Age	55	Years	Months	Days
	Sex	Female			Color or Race		Birth-place Near Trego.		
	Married Single or Widowed				Occupation None.				
	Name of Wife or Husband								
	Father's Name Tyson Lewis						Father's Birthplace Near Trego.		
	Mother's Maiden Name Anna M. Leaman						Mother's Birthplace 11 1/2 miles		
Name of person giving information Tyson Lewis.						How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Typhoid Fever					How long	about 18 days	
	Immediate	Acute Bronchitis					How long	about 3 days	
	Are the name, age, sex, color, date and place correctly given above? Yes					Signature of Physician W. L. Gardner.			
						Address Sharpsburg Md.			
	Accident or Suicide?								



Name
in
Full

Daniel H. Lynn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hagerstown		Washington					
Date of death	1906	Month	11	Day	9	Years	60
				Age		Months	8
				Days		26	
Sex	Male		Color or Race	White		Birth-place	Md
Occupation	Manufacturer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Clara L. Lynn			
Father's Name	Joseph Lynn		Father's Birthplace	Md			
Mother's Maiden Name	Sarah Dix		Mother's Birthplace	Md			
Name of person giving information	Wm Lynn		How related to deceased	Daughter in Law			

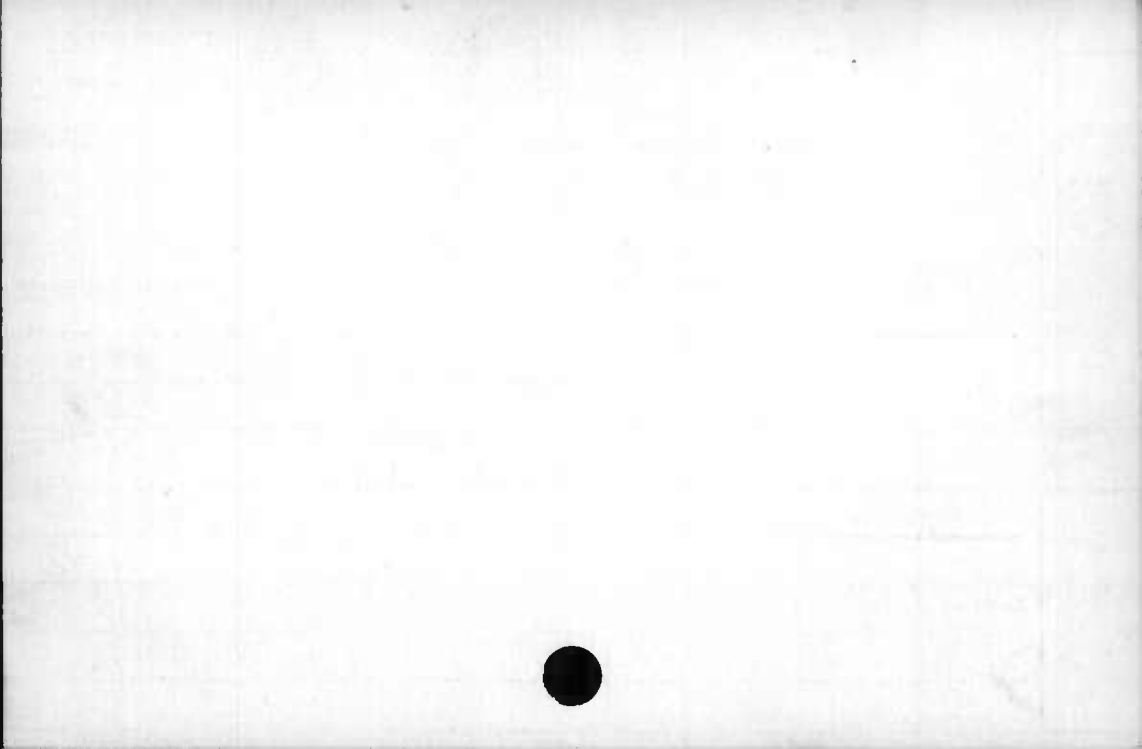
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Albuminuria	How long	one Year
Immediate	Gangrene and Paralysis	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. H. Den. M.D.
		Address	Hagerstown Md.
Accident or Suicide?	—		

Middlebury, N.Y.,

Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month	Day	Age	Years	Months
	Sex		Color or Race		Birth-place		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Father's Birthplace				
PHYSICIAN OR CORONER	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving information		How related to deceased				
	CAUSES OF DEATH						
	Primary		How long		How long		
Immediate							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Accident or Suicide?							



Name
in
Full

Irene Manning.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hancock		County Washington		MARYLAND	
Date of death	1906	Month Nov.	Day 28	Age	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation				Where Residing if not at place of death Died at Home.			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	H. M. Manning					Father's Birthplace	Penn.
Mother's Maiden Name	Sarah Sanders					Mother's Birthplace	Maryland
Name of person giving information	H. M. Manning					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Colaral Fever - 179	How long	7 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. O. Edmunds	
		Address Hancock Md.	
Accident or Suicide?			



Name
in
Full

Mrs Mary Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Hagerstown* County *Wash.* MARYLAND

Died at *Hagerstown*

Date of death 1906 Month *11* Day *9* Age Years *55* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *H. W.* Where Residing if not at place of death *X. X*

Married, Single or Widowed *widow* Name of ~~Wife~~ Husband *John C. Martin*

Father's Name *Harrison Angle* Father's Birthplace *Md.*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Mrs Susan Eader* How related to deceased *sister.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer* How long *9 years*

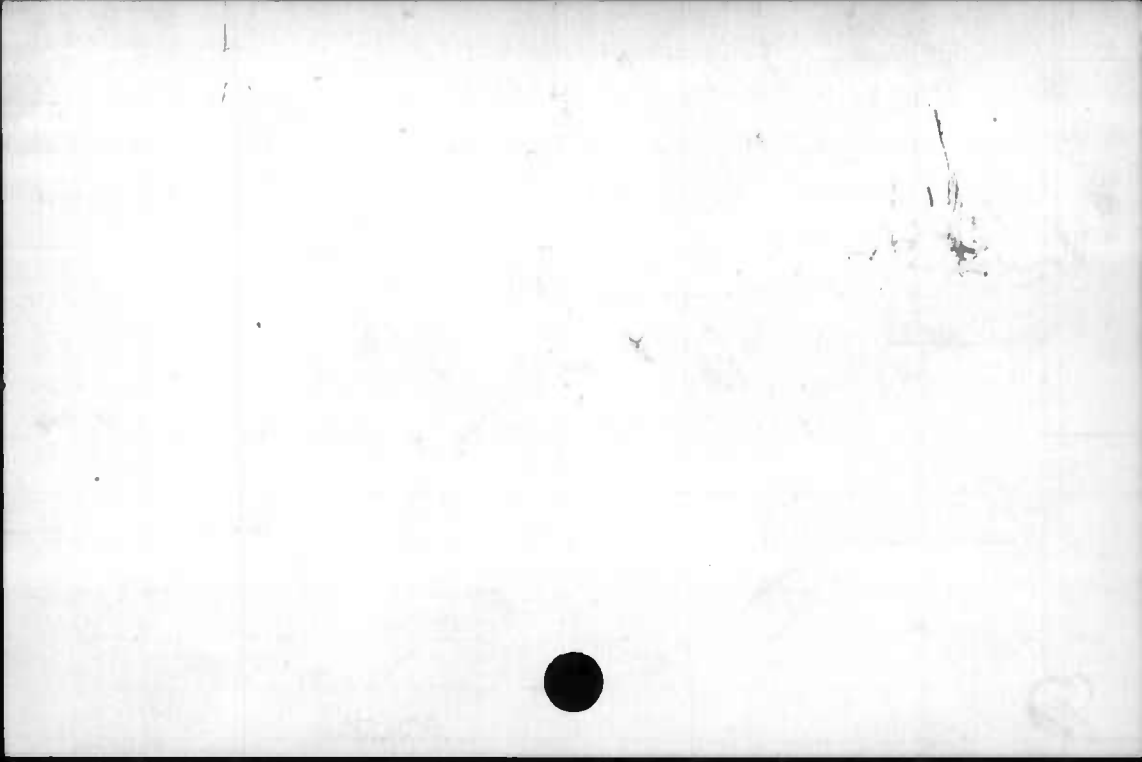
Immediate *Exhaustion* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *O. H. Hager*

Address *Hagerstown, Md.*

Accident or Suicide? *2*



Name
in
Full

Alice Virginia Mills

CERTIFICATE OF DEATH

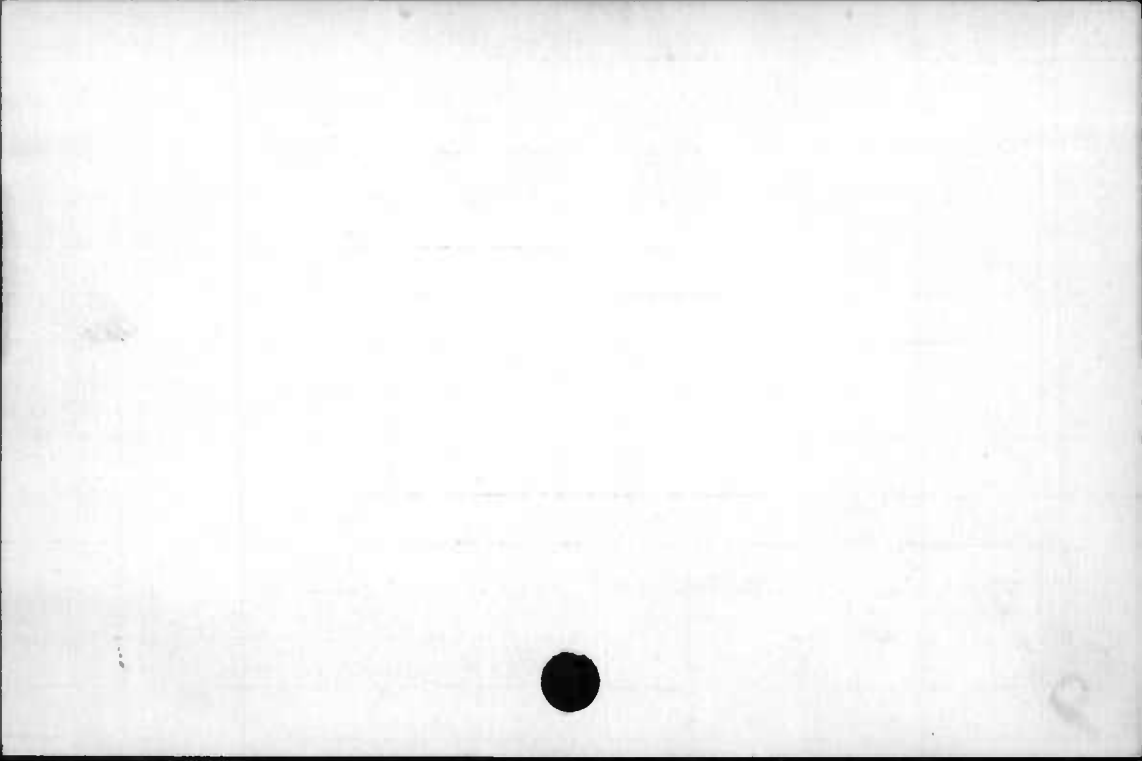
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clear Spring</u> ^{Town}		<u>Wash</u> ^{County}		MARYLAND	
Date of death	1906	Month	Oct	Day	8
Age	34	Years		Months	4
				Days	10
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	Housewife		Where Residing if not at place of death		
Married, Single Widowed	Name of Wife or Husband		Elmer Mills		
Father's Name	James Drury		Father's Birthplace	Ind	
Mother's Maiden Name	Matilda Bowman		Mother's Birthplace	"	
Name of person giving information	Elmer Mill		How related to deceased	Husband.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer	How long	Two years
Immediate	Hemorrhage	How long	One hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Abraham Shank
		Address	Clear Spring Washington County
Accident or Suicide?			



Name
is
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name <i>Madlyn Morrison</i>				CERTIFICATE OF DEATH	
Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>25</i>	Age <i>3</i>	Years <i>11</i>	Months <i>25</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth place <i>Md.</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>E. Bruce Morrison</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Rhoda Willhite</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Bruce Morrison</i>			How related to deceased <i>father.</i>		

CAUSES OF DEATH

Primary <i>Scarlet fever + diphtheria</i>	How long <i>1 Week</i>
Immediate <i>aspirin</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. B. Morrison</i>
<i>no</i>	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>no</i>	

Y
Huron, /

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jesse Newkirk</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>23</i>		Age <i>1</i> Years <i>2</i> Months <i>2</i> Days	
Date of death <i>1906</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>md.</i>	
Occupation <i>child</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>D E Newkirk</i>		Mother's Maiden Name <i>Jaye Ruback</i>		Father's Birthplace <i>md.</i>		Mother's Birthplace <i>md.</i>	
Name of person giving Information <i>D E Newkirk</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus.</i>	How long <i>1 month.</i>
Immediate <i>Exhaustion</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Victor D. Miller Jr.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Thomas Oneal

CERTIFICATE OF DEATH

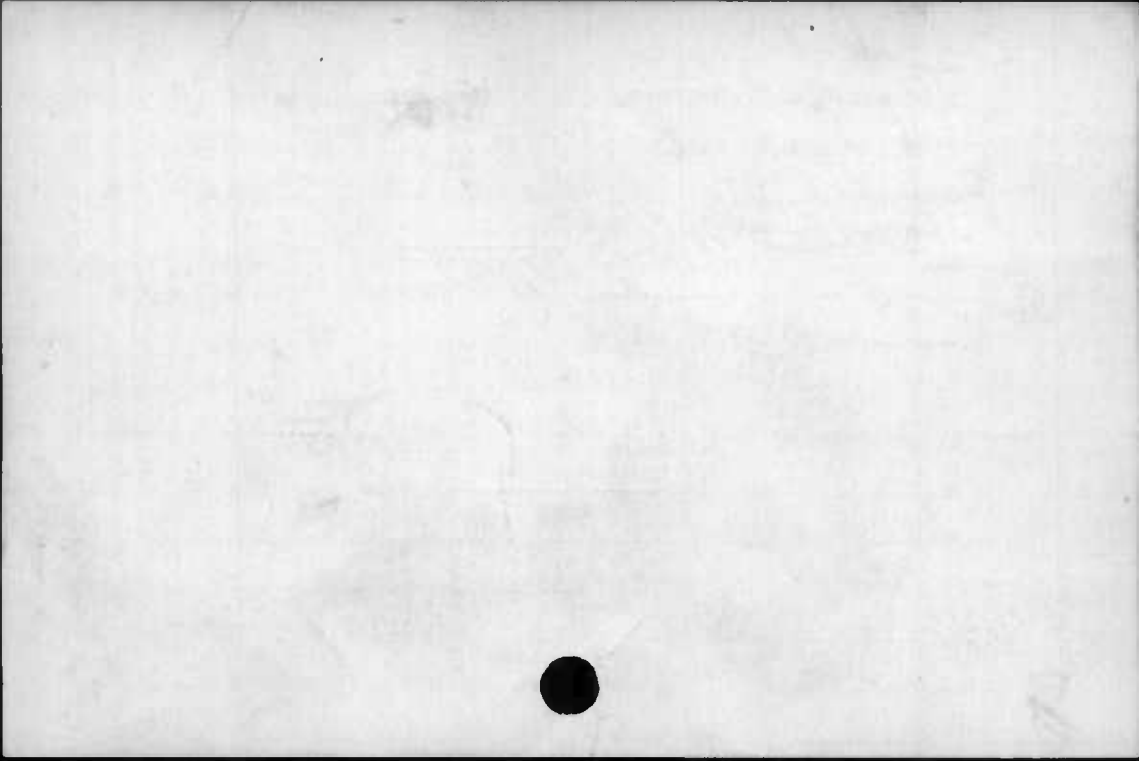
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1906	Month Nov.	Day 24 th	Age 63	Years	Months Days
Sex		male		Color or Race		white	
Occupation		Boatman		Birth- place		Ireland	
Where Residing if not at place of death							
Widowed		Name of Wife or Husband					
Father's Name		William Oneal				Father's Birthplace	
Mother's Maiden Name		Annie Henery				Ireland	
Name of person giving in formation		William Oneal				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption of Lungs	How long	21
Immediate	same as above	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Dr. D. I. Lesher
		Address	Williamsport - Md
Accident or Suicide?			



Name
in
Full

E. Lizabeth Orris

CERTIFICATE OF DEATH

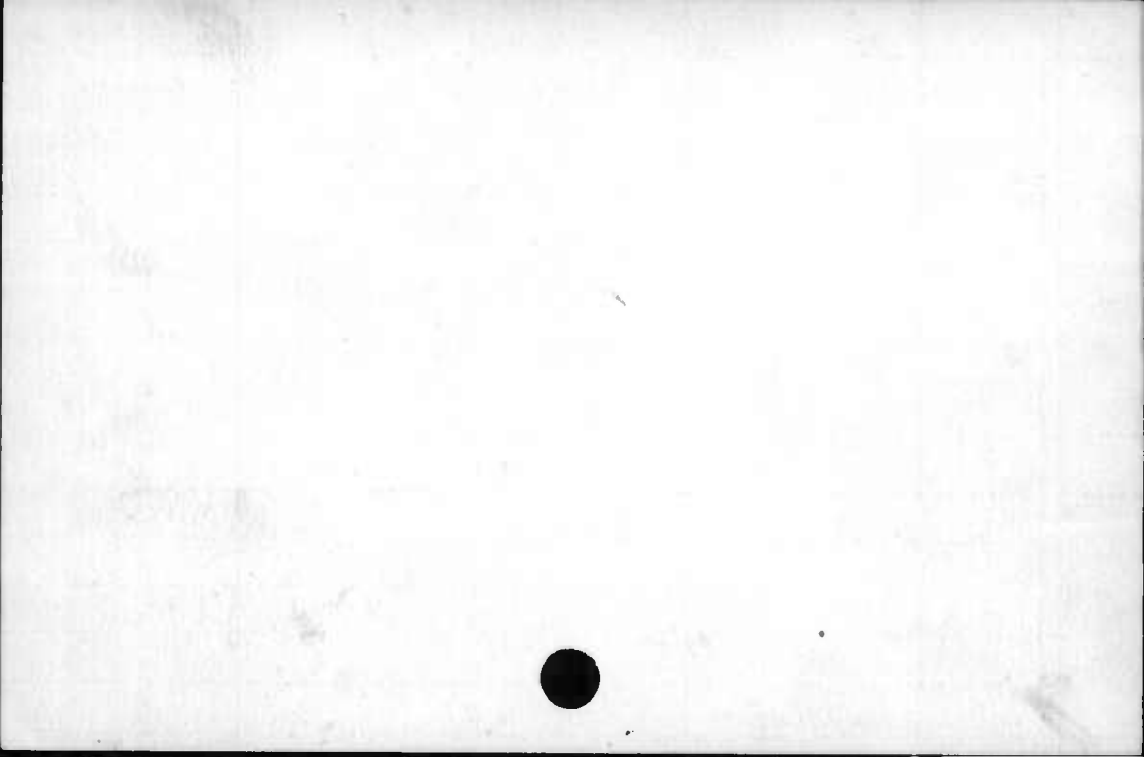
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frankstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>16</i>	Age <i>57</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>no</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>William Orris</i>				
Father's Name	<i>Dont no</i>			Father's Birthplace	
Mother's Maiden Name	<i>Dont no</i>			Mother's Birthplace	
Name of person giving information	<i>L. H. Reicher</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>6 Weeks</i>
Immediate <i>Heart Failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. J. Wingard</i>
	Address <i>Frankstown</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lloyd Penner</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Town <i>Washington</i>			
Date of death	1906	Month	11	Day	26
Age	—	Years	—	Months	6
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles Penner</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Effie Newmar</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Charles Penner</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sept Lobar Pneumonia</i>	How long	<i>One week</i>
Immediate	<i>Exhaustion</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Daniel G. Watkins</i>	
Address		<i>Hagerstown Ind</i>	
Accident or Suicide?			

Coffman

Name
in
Full

CERTIFICATE OF DEATH

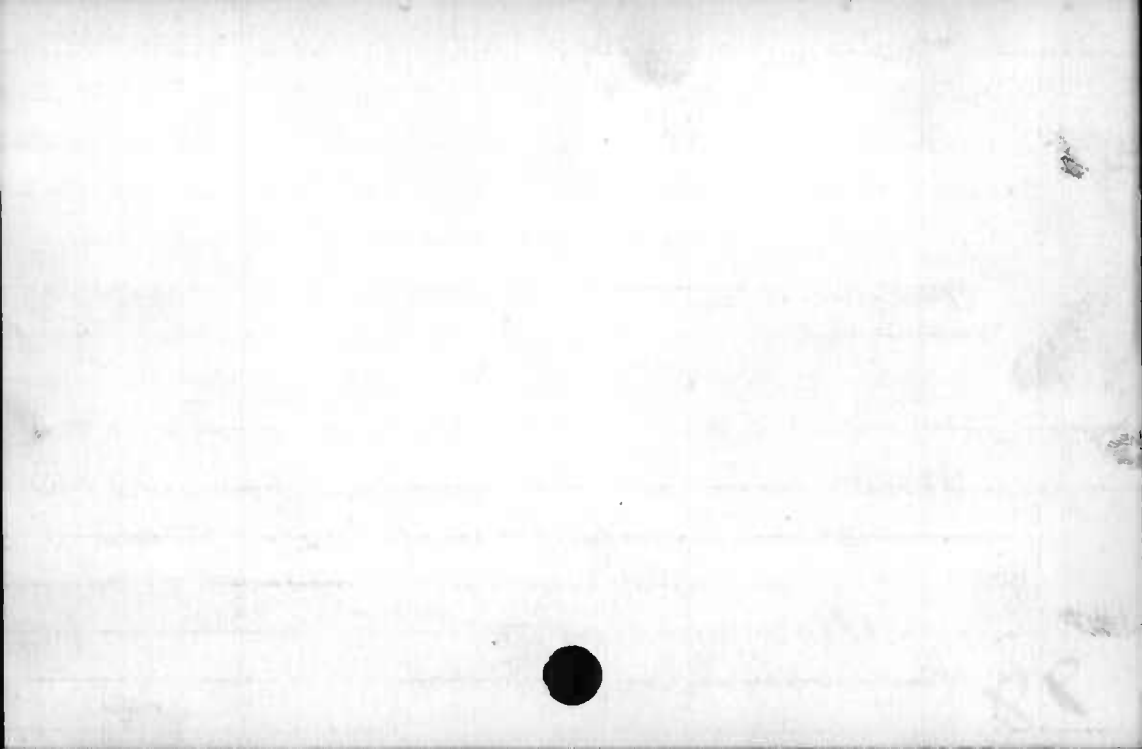
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Sallie Penner		Town Hagerstown		County Washington		State MARYLAND	
Died at Hagerstown		Month 11		Day 24		Age 89	
Date of death 1906		Years 11		Months —		Days —	
Sex Female		Color or Race White		Birth-place Ind			
Occupation Child		Where Residing if not at place of death Ind					
Married, Single or Widowed Single		Name of Wife or Husband Charles Penner					
Father's Name Charles Penner		Father's Birthplace Ind					
Mother's Maiden Name Effie Lynam		Mother's Birthplace Ind					
Name of person giving information Charles Penner		How related to deceased Father					

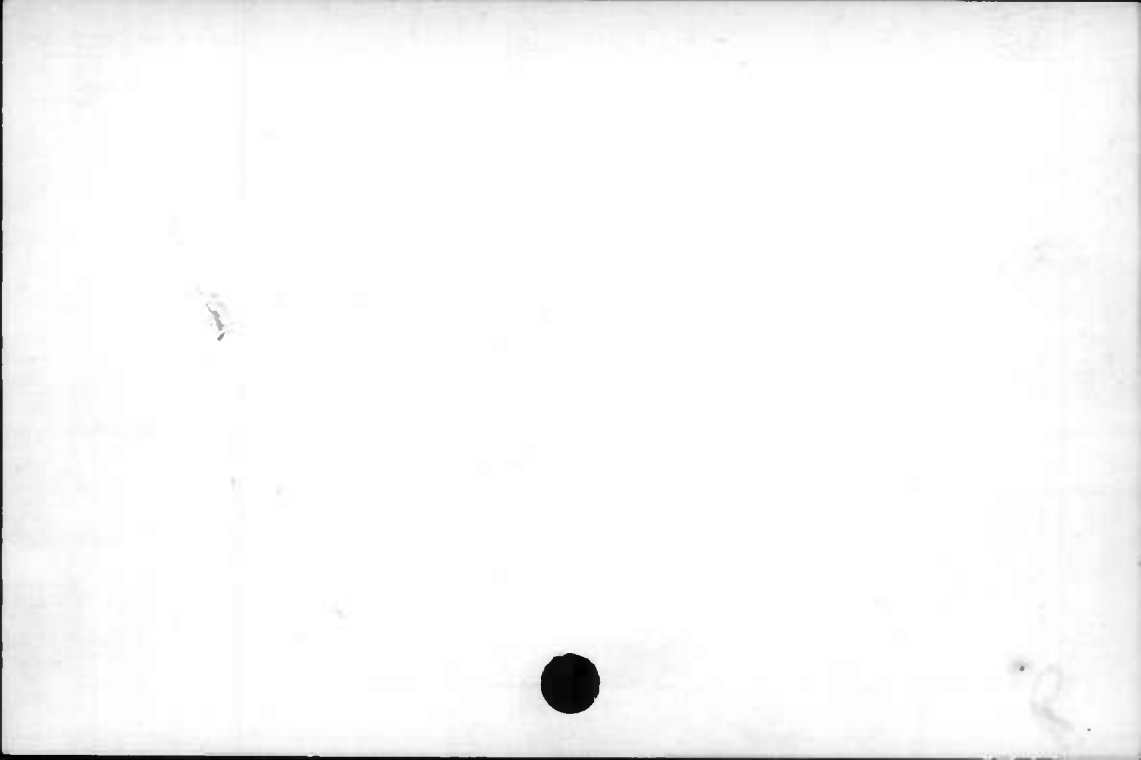
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diphtheria	How long 9	How long 5 days
Immediate Heart failure	How long 9	How long Sudden
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician David G. Washburn	
	Address Hagerstown Ind	
Accident or Suicide? Ind		



Name in Full		CERTIFICATE OF DEATH			
Ethel. Anita Potter		Town Yarrowburg		County Washington	
Died at		MARYLAND			
Date of death	Month	Day	Age	Months	Days
1906	11	21	4	2	24
Sex	Color or Race	Birth-place			
Female	White	Md			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Fether's Birthplace			
Emory. O. Potter		Md			
Mother's Maiden Name		Mother's Birthplace			
Louisa Spencer		Md			
Name of person giving information		How related to deceased			
John. B. Potter		Grandfather			
CAUSES OF DEATH					
Primary		How long			
Dropsy		3 Weeks			
Immediate		How long			
Paralysis		Suddenly			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. I. Youstie			
		Address			
		Brownsville			
		Md			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

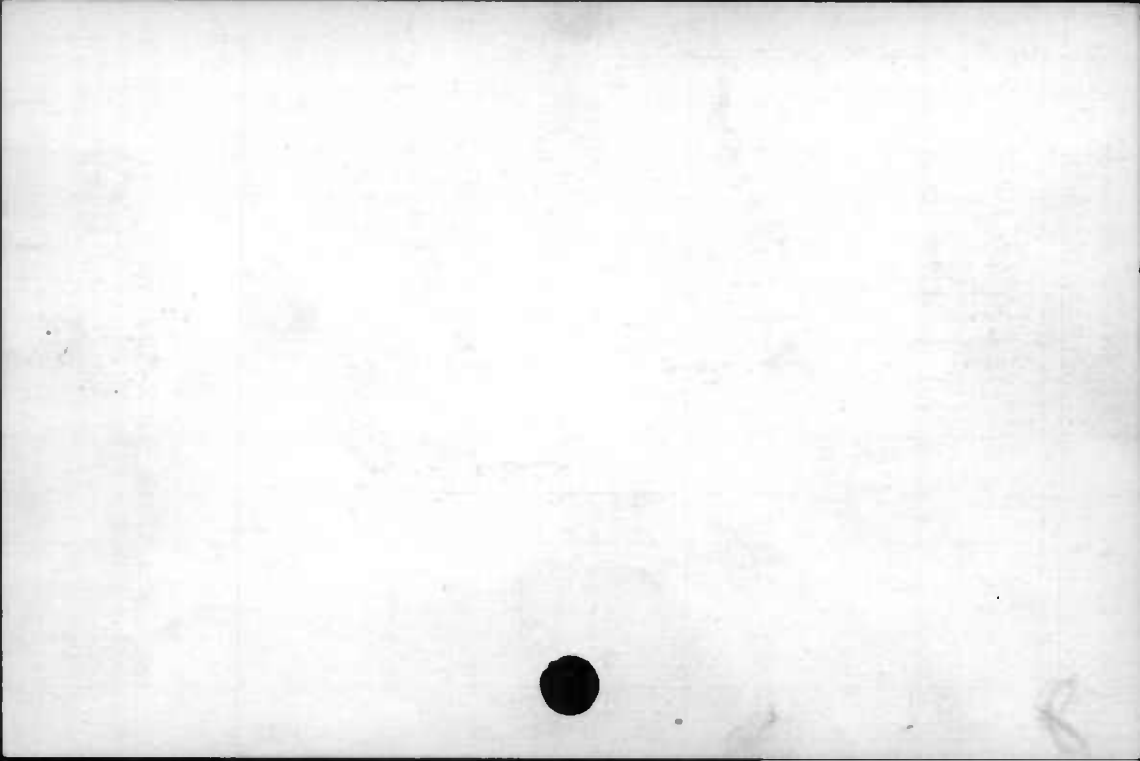
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ida, Cordelia, Potter</i>			Town <i>Yanowsburg</i>			County <i>Washington</i>			STATE <i>MARYLAND</i>		
Died at <i>Yanowsburg</i>			Date of death <i>1906</i>			Month <i>11</i>			Day <i>20</i>		
Sex <i>Female</i>			Color or Race <i>White</i>			Age <i>4</i>			Years <i>6</i>		
Occupation <i>_____</i>			Birth-place <i>Md</i>			Months <i>13</i>			Days <i>13</i>		
Where Residing if not at place of death <i>_____</i>											
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>_____</i>								
Father's Name <i>Charles E. Potter</i>						Father's Birthplace <i>W. Va</i>					
Mother's Maiden Name <i>Lily V. Spencer</i>						Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Charles Potter</i>						How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Fever</i>	How long <i>2 weeks</i>
Immediate <i>Cerebral Abscess</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Foutie</i>
	Address <i>Brownsville Md</i>
Accident or Suicide? <i>_____</i>	



Name In Full

Certificate of Death

John J. Powell

Town Hagerstown County Washington MARYLAND

Died at Hagerstown

Date 1866 Nov 3 Y. 1 M. 4 D. 4 Native of Md Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Wm Powell Mother's Name Mollie Powell

Cause of Death Primary Diptheritic Croup Immediate

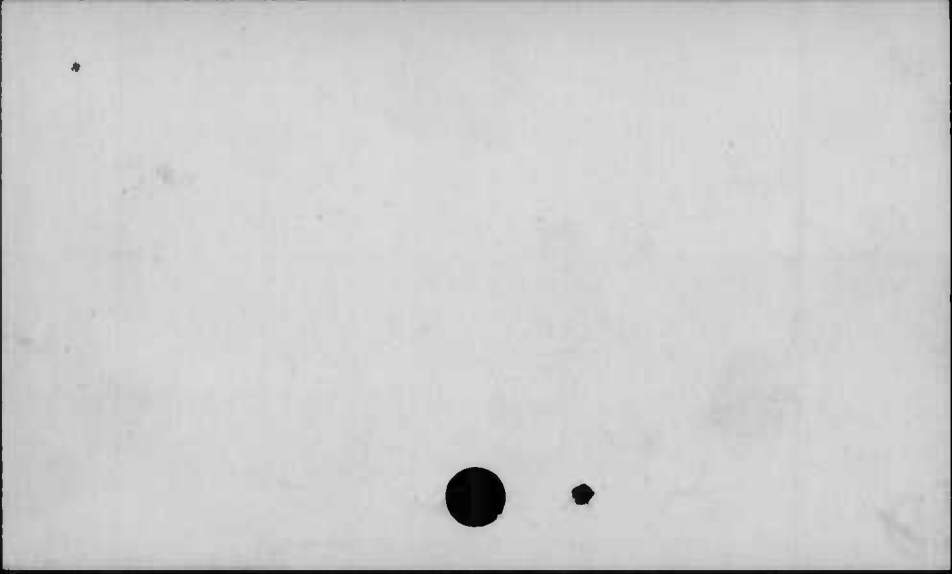
How long sick 3 days

Accident, Suicide, Homicide

Reported by S. H. Mustot MD

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town} <i>Bellevue</i> ^{County} <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>20</i>	Age <i>38</i> Years Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>md</i>	
Occupation <i>House work</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Isaac Pryor</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary Green</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Mrs Barnum</i>	How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>2 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W B Morrison</i>
	Address <i>Hagerstown md</i>
Accident or Suicide? <i>No</i>	

Rose Hall

Name
in
Full

CERTIFICATE OF DEATH

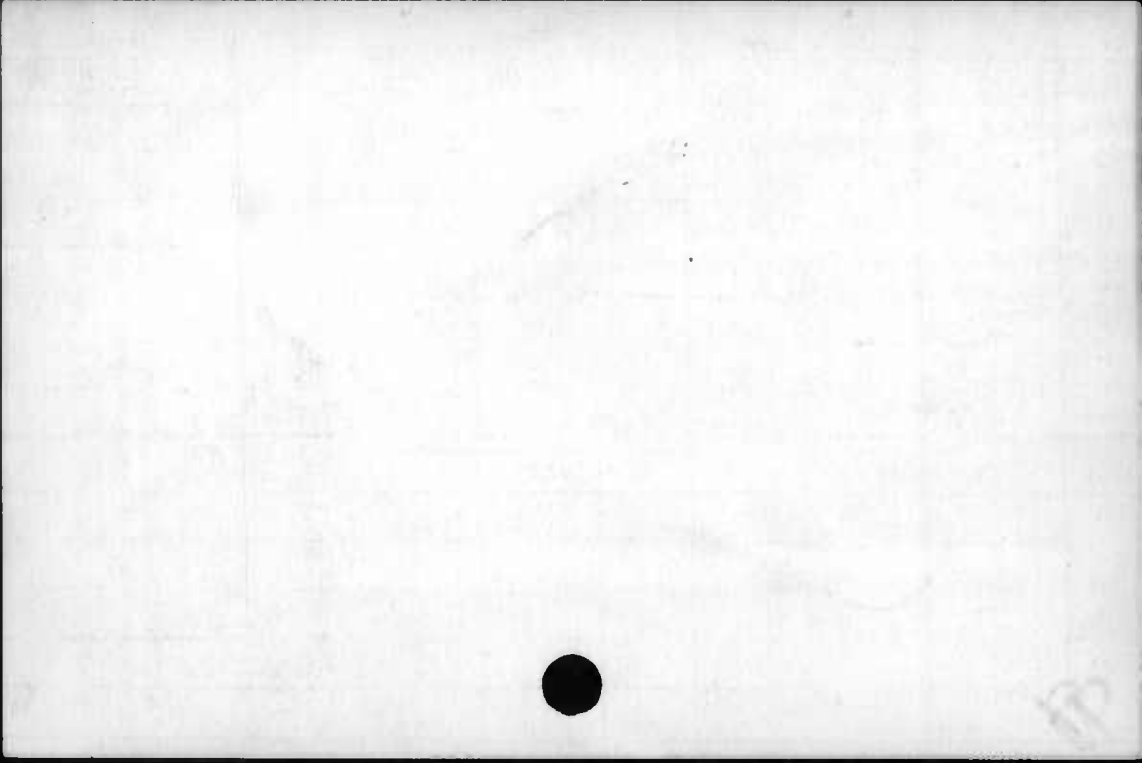
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>David Jacob Widenous</i>		Town <i>Annapolis</i>		County <i>Washington</i>		MAYLAND	
Died at <i>Annapolis</i>		Month <i>11</i>		Day <i>14</i>		Years <i>35</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>12</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma H. Gwin</i>					
Father's Name <i>Jacob Widenous</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Jane Kennedy</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Sallie Widenous</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mitral disease of heart</i>	How long	<i>1 yr</i>
Immediate	<i>Dropsy</i>	How long	<i>4 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. S. Davis</i>	
		Address <i>Boonsboro</i>	
Accident or Suicide?			



Name
in
Full

Lina Grace Rockwell

CERTIFICATE OF DEATH

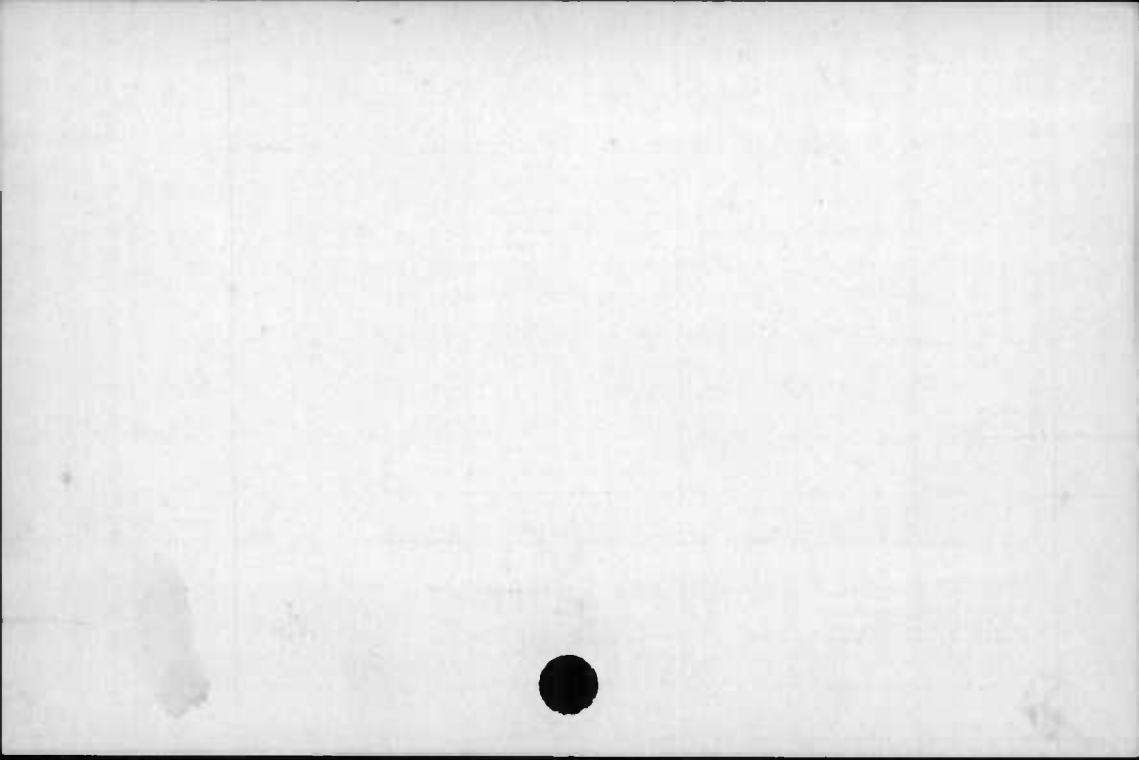
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamport		County Washington		MARYLAND	
Date of death	1906	Month Nov	Day 1	Age	Years	Months	Days 3
Sex	Female		Color or Race	White		Birth- place	Wmport Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Chas Edward Rockwell				Father's Birthplace	
Mother's Maiden Name		Mary F Wolf				Mother's Birthplace	
Name of person giving In formation		C E Rockwell				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congenital Deformity		How long	3 days
Immediate			How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	J. M. Wertz
			Address	Williamport
Accident or Suicide?				



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Catherine Smith</i>		Town <i>near Hagerstown</i>		County <i>Washington</i>		MAYLAND	
Died <i>near Hagerstown</i>		Month <i>11</i>		Day <i>15</i>		Years <i>85</i>	
Date of death <i>1906</i>		Month <i>11</i>		Day <i>15</i>		Years <i>85</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Pennab.</i>		Months <i>1</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>8</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Germany.</i>		Mother's Birthplace <i>" "</i>	
Father's Name <i>George Smith</i>		Mother's Maiden Name <i>Hannah Kirchbaum</i>		Name of person giving information <i>Mrs. Geo. Ryer</i>		How related to deceased <i>sister.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>7 days.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. Smith</i>
Accident or Suicide? <i>no</i>	Address <i>Hager. Tenn. Aug</i>

Chambersburg,

Name
in
Full

Edna May Smith

CERTIFICATE OF DEATH

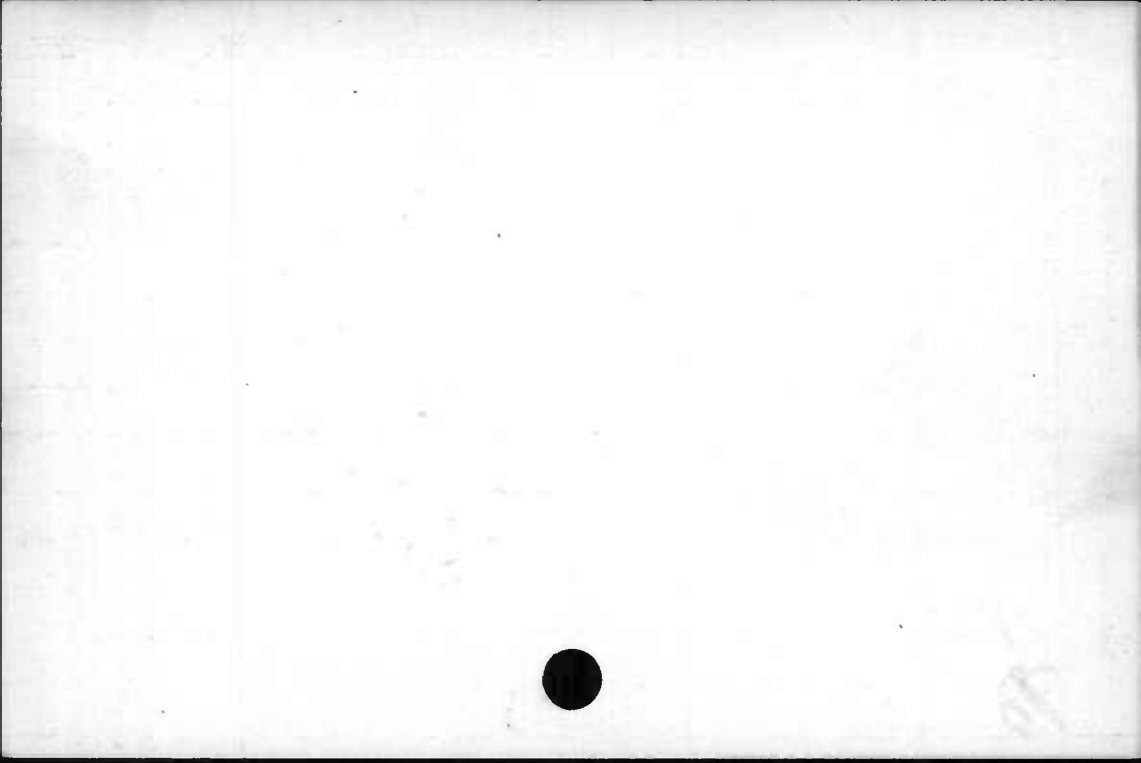
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cascade</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Nov.</u>	Day	<u>27</u>
Age		Years	<u>1</u>	Months	<u>one</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Cascade</u>
Occupation			Where Residing if not at place of death		
<u></u>			<u>at place of death</u>		
Married, Single or Widowed		Name of Wife or Husband			
<u></u>		<u></u>			
Father's Name		<u>Roy O. Smith</u>		Father's Birthplace	
<u></u>		<u></u>		<u>Frederick Co</u>	
Mother's Maiden Name		<u>Hellie Williard</u>		Mother's Birthplace	
<u></u>		<u></u>		<u>" "</u>	
Name of person giving information		<u>Charles Smith</u>		How related to deceased	
<u></u>		<u></u>		<u>Grandfather</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Malnutrition</u>	How long	<u>one mo.</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u></u>		<u></u>	
Address		<u>6. L. Hachler</u>	
<u></u>		<u>Sabillasville Md.</u>	
Accident or Suicide?			
<u></u>			



Name
In
Full

CERTIFICATE OF DEATH

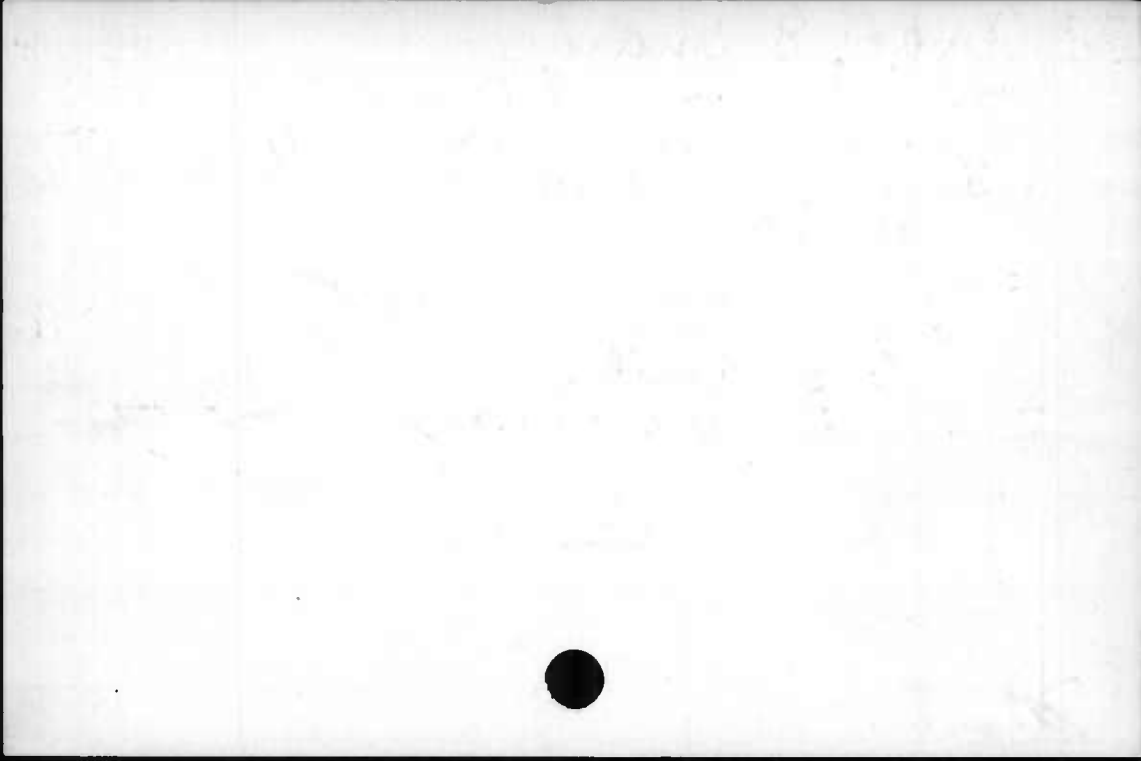
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keedysville</i> Town		<i>Washington</i> County		<i>State</i> MARYLAND	
Date of death <i>1906</i> Month <i>11</i> Day <i>10</i>		Age <i>12</i> Years		Months <i>11</i> Days <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Earles Mills</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Daniel Smirley</i>		Father's Birthplace <i>Earles Mills</i>			
Mother's Maiden Name <i>Iva Nail</i>		Mother's Birthplace <i>Keedysville</i>			
Name of person giving information <i>Daniel Smirley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inherited Neurothemia</i>	How long <i>12 years</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. Nihiser</i>
<i>D</i> Accident or Suicide?	Address <i>Keedysville Md</i>



Name
in
Full

CERTIFICATE OF DEATH

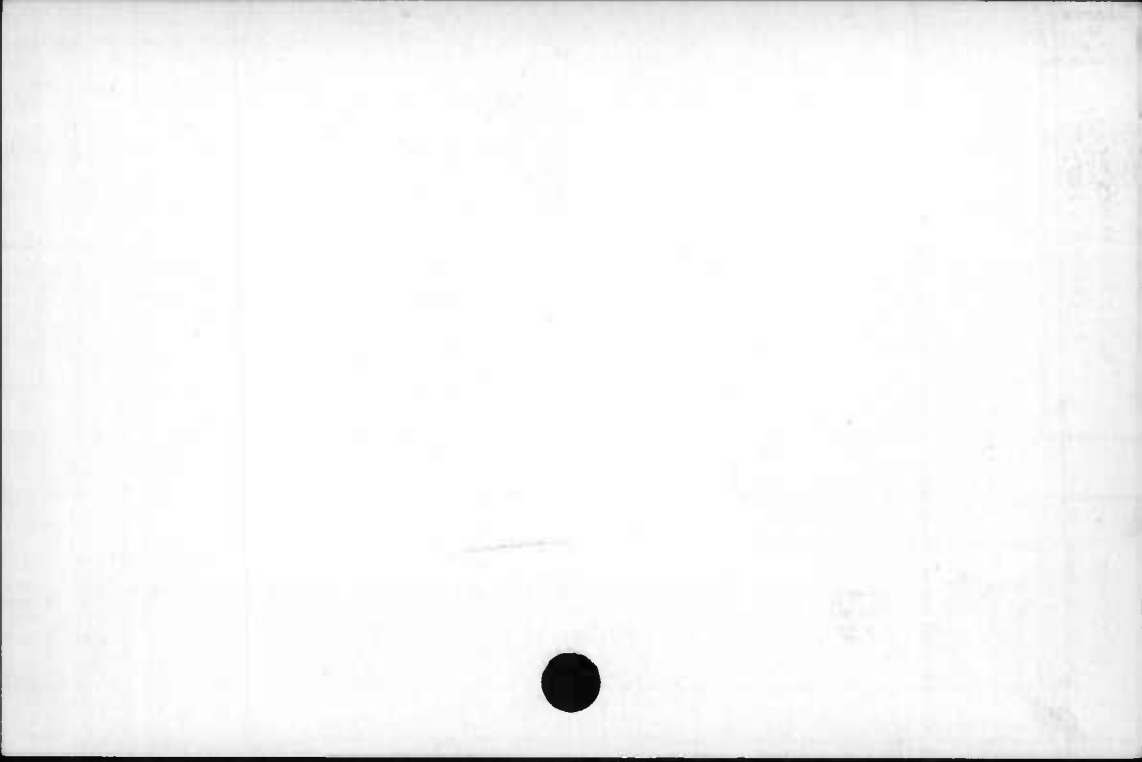
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Peckstonville* ^{County} *Wash*Date of death *1906* ^{Month} *Nov* ^{Day} *11* ^{Years} *24* ^{Months} *8* ^{Days} *17*Sex *Female* Color or Race *White* Birth-place *Md*
Occupation *Secretary in office* Where Residing if not at place of death *Washington D. C.*Married, Single or Widowed ☒ ^{Name of Wife or Husband}Father's Name *Henry Starloper* Father's Birthplace *Md*Mother's Maiden Name *Mary Mason* Mother's Birthplace *Md*Name of person giving information *Jerry Starloper* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Consumption of Lungs* How long *2 years*Immediate *Exhaustion*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr J. L. West - in attendance*Address *Hancock Md*
Franz Boos Undertaker
*Clear Spring Md*Accident or Suicide? ☒



Name
In
Full

Grace Elizabeth Stine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Nov	5	10	8	20	
Sex		Color or Race		Birth-place			
female		white		Franklin County			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
single							
Father's Name				Fether's Birthplace			
Harry H Stine				Franklin County			
Mother's Maiden Name				Mother's Birthplace			
Effa Burnhart				" "			
Name of person giving information				How related to deceased			
Harry H Stine							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	6 days
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		D. C. Miller M.D.	
		Address	
		714 E. 2nd + 5th St.	
		A. R. Brewbaker, Under Sec.	
Accident or Suicide?			
—			

Ref. Cemetery,
Middleburg, Pa

Name
in
Full

Prima Elizabeth Stouffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>8</i>	Age <i>22</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>→</i>				
Father's Name <i>George M. Stouffer</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Sallie Stouffer</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. J. Hoffmeier</i>
	Address <i>17 W. Washington St. Hagerstown Md.</i>
Accident or Suicide?	

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

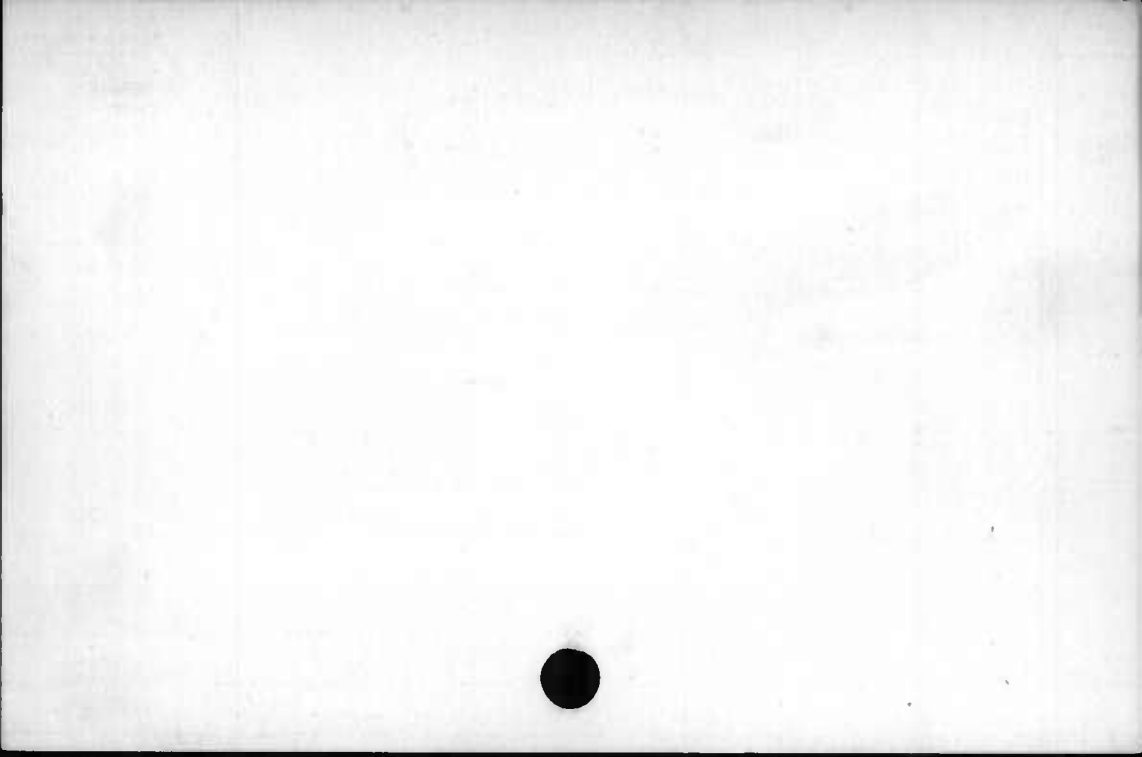
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Philadelphia</i>		Town <i>Philadelphia</i>		County <i>Philadelphia</i>		State <i>Pennsylvania</i>	
Date of death	1906	Month	11	Day	27	Age	82
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband <i>Henry Troup</i>			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Charles H. Henstis</i>	
<i>Rec. from C. & P. R. R.</i>		Address	<i>Philadelphia Pa</i>
<i>at Hagerstown Md.</i>		<i>Health Officer</i>	



Name in Full		CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND		
		Date of death		190	Month	Day	Age	Years	Months	Days
		Sex		Male		Color or Race		White		Birth-place
		Occupation		Lumber		Where Residing if not at place of death		Maryland		
		Married, Single or Widowed		Single		Name of Wife or Husband				
		Father's Name		Samuel Wagner		Father's Birthplace		Maryland		
		Mother's Maiden Name		Catherine Chumma		Mother's Birthplace		Maryland		
Name of person giving information		Samuel Wagner		How related to deceased		Brother				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address	
Accident or Suicide?		



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>10</i>	Age <i>47</i>	Years	Months <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa.</i>		
Occupation <i>H. W.</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Husband <i>Wesley C. Wallace</i>				
Father's Name <i>Samuel Burger</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Jemima Tallum</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>J. C. Wallace</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart, disease of kidneys</i>	How long <i>8 months</i>
Immediate <i>Typhoid fever</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Hagerman</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Minter Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Wash		MARYLAND	
Date of death		1906	Month 11	Day 6	Years 40	Months —	Days —
Sex male		Color or Race white		Birth- place Md.			
Occupation Laborer		Where Residing if not at place of death Ashton, Md.					
Married, Single or Widowed married		Name of Wife or Husband Mary P. Ward					
Father's Name William Ward		Father's Birthplace Penn.					
Mother's Maiden Name Maria Bella		Mother's Birthplace "					
Name of person giving In formation Mrs James Ward		How related to deceased sister-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

RR Accident

How long

Immediate

Exhaustion

How long

Several hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. M. Scott.
Hagerstown.

Accident

Clear 8/9 -

Name
in
Full

Linn Weaver

CERTIFICATE OF DEATH

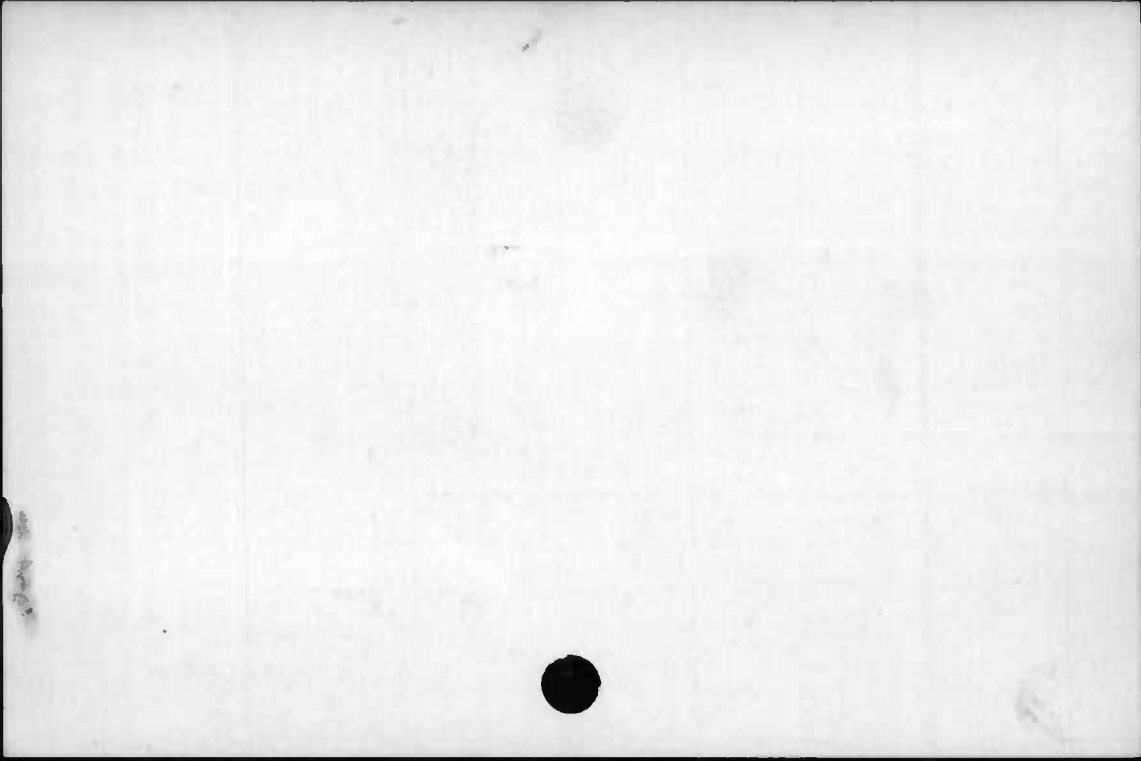
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Brothedsville</i> ^{County} <i>Wash</i>		MARYLAND	
Date of death	Month	Day	Age
<i>1906</i>	<i>11</i>	<i>21</i>	<i>—</i>
Sex	Color or Race	Birth-place	Months
<i>Male</i>	<i>White</i>	<i>Brothedsville</i>	<i>11</i>
Occupation	Where Residing If not at place of death		
	<i>Brothedsville</i>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
<i>Lloyd C. Weaver</i>	<i>Cherry Run</i>		
Mother's Maiden Name	Mother's Birthplace		
<i>Fannie McManee</i>	<i>Brothedsville</i>		
Name of person giving information	How related to deceased		
<i>Lloyd C. Weaver</i>	<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastro-Enteritis</i>	How long	<i>4 days</i>
Immediate	<i>Menigitis</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D. M. Richard</i>	
		Address	
		<i>Fair Play</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
in
Full

Beatrice Weber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Marylandville</i>		County <i>Washington</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
<i>Nov 13th</i>			<i>1</i>				
<i>1906</i>							
Sex	Color or Race		Birth-place				
<i>Female</i>	<i>white</i>		<i>Marylandville</i>				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
<i>H B Weber</i>							
Mother's Maiden Name				Mother's Birthplace			
<i>Rosy Brunk</i>							
Name of person giving information				How related to deceased			
<i>H. B. Weber</i>							

CAUSES OF DEATH

52

PHYSICIAN
OR CORONER

Primary	How long
<i>Apoplexy</i>	<i>1 hour</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	<i>A. C. Miller M.D.</i>
	Address
	<i>Marylandville</i>
Accident or Suicide?	
<i>A R Brewbaker undertaker</i>	

Manganville,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ida R. G. Yates</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>27</i>		Years <i>49</i>	
Date of death <i>1906</i>		Months <i>1</i>		Days <i>7</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>R. C. Yates</i>					
Father's Name <i>Samuel H. Oswald</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Lydia A. Spessard</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>W. C. Yates</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Uterus. Debility</i>	How long <i>1 yr.</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Morrison</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	

Smithburg

25

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Howard Young* County *Baltimore*

Died at *Hagerstown* *Washington* County *MARYLAND*

Date of death *1906* Month *11* Day *28* Age *28* Years *4* Months *1* Days

Sex *Male* Color or Race *Colored* Birth-place *Ind*

Occupation *Waster* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Samuel Young* Father's Birthplace *Ind Na*

Mother's Maiden Name *Sent Knott* Mother's Birthplace *Ind Knott*

Name of person giving information *Jessie Sigg* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *3 Mos.*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M.B. Monahan*

Address *Hagerstown Ind*

Accident or Suicide? *No*

Rose Hill

Coffman,

Jan. 2/07